Alberta Hospital Edmonton

1923 to 1983

An Outline of History to
Commemorate the
60th Anniversary

by Sheila Abercrombie

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Dedicated to the staff of
Alberta Hospital Edmonton,
both past and present.

FOREWORD

This book will probably remind many people of aspects of their life that were important to them. Hopefully it will also serve as a useful historical document on the life and times of Alberta Hospital Edmonton.

In reading the book I was impressed with the story of the hospital and how it evolved to its present day status. In this book the author has given us some insight into this evolution and has done so in a very human way. Specifically the role of the staff is documented and their dedication through good and bad times is particularly well done. Anyone who knows the history of psychiatric hospitals in North America knows that especially during the Depression and World War II there were certainly some very difficult times. But what is even more important than the difficult times is that staff members dedicated themselves to providing a service to the best of their abilities regardless of the resources they had to work with. These staff members should be an inspiration to anyone working in the field of treating psychiatric illness today.

One other important aspect of the book is the evolution in thought of government officials towards the provision of psychiatric services. Today this hospital has evolved as one of the best psychiatric hospitals in Canada and this has only been possible through the commitment of resources for the operation of the hospital. In the final analysis, the staff members do the work but they need the tools to carry out the work in a modern and scientific manner. If one looks at the relative situation of general hospitals and this hospital 30 years ago, the disparity in resource allocation was astounding. The hospital is obviously in a much better position today and this should be fully appreciated.

In conclusion, history does not predict the future but it allows us to appreciate the present and this book will contribute to that understanding. Repeatedly the book emphasizes the goal of providing good patient treatment and how people worked toward this end. Perhaps their experiences will contribute to an understanding of how this goal is being achieved today and how we can continue to plan for it tomorrow.

Gordon McLeod
Executive Director
Alberta Hospital Edmonton
May, 1983

AUTHOR'S REMARKS

There is an old-fashioned term called "wrong thinking" which used to be applied to those who talked a lot about things they thought they understood, but didn't, and could learn more about, but wouldn't. As I gathered material to write the history of Alberta Hospital Edmonton, I began to realize that I and most of the people I know have always been "wrong thinkers" of the worst sort about this hospital. Most of us, no matter how interested or alert or involved in community affairs, have simply not grasped what is done here today nor do we have any appreciation of the kinds of things faced by staff in the past. Well, I've learned a thing or two since I started this project last November and for that I am most grateful.

I would like to thank everyone associated with Alberta Hospital Edmonton for their contributions to this history. Whether they knew it or not, everybody communicated with me in one way or another – some in conversation, some through letters and tapes and pictures, some through old documents, but the most valuable information came from the atmosphere and environment of Alberta Hospital Edmonton itself, created and maintained by all of the people working here now and over the years. From the time I began my work here, it was obvious that this was a well-cared-for place and that the staff liked their jobs and did them well. I thought it unusual to see such widespread enthusiasm and esprit de corps in a large institution and I was interested in how often people worked overtime and how little goofing off there appeared to be. I became very curious about the reasons for it. I hope that this history, brief as it is, provides a few answers, for it became apparent to me as I researched and compiled the information at my disposal that the foundations set in 1923, and built upon ever since, were the work of unusually dedicated and devoted people.

I am certain that not many outsiders yet realize the demands made of A.H.E. staff: when I was told of the violence and filth, particularly in the past, I would ask, "How did you stand it? Why did you stay?" and the answer would always be something like, "Someone had to take care of those poor people. Someone had to help them get better." It would seem that, since the beginning, staff have had a clear picture of why they're here – to give care and treatment to the mentally ill – goals of which they, at least, never lost sight, even in the worst of bad times.

I believe the story of Alberta Hospital Edmonton is one of great endeavor and outstanding achievement, and I am very pleased that I was given an opportunity to collect some of it into a history. However, the definitive history is yet to be written so, on behalf of the next historian, I would like to urge everyone here to start collecting and preserving the history of the future and to gather still more from the past. The older staff, especially, should be interviewed on tape. The events of today, no matter how unremarkable, are the history of tomorrow.

Restrictions of time and circumstance did not allow me to do justice to the past of A.H.E., for much had to be left out or became distorted because it had to be condensed, and I do apologize for that. So it is important for all readers to be very critical, to send their corrections and additions to the hospital so that the facts are put in good order and are kept on file for the next writer. That, and keeping good records from now on, would indeed be worthwhile, for the first sixty years of Alberta Hospital Edmonton have been uniquely colourful and inspiring, and the next decades may be even more so. It is a story which can be told with pride by all who have worked here.

Many thanks for your cooperation and your efforts to educate me. I wish you Good Luck and much success in your future endeavors.

Sheila Abercrombie
Author
May, 1983

An aerial view of Alberta Hospital Edmonton as it exists today.

– courtesy of Alberta Government Services

A HISTORICAL OVERVIEW

"The present state of things is the consequence of the past; and it is natural to enquire as to the sources of the good we enjoy or the evils we suffer. If we act only for ourselves, to neglect the study of history is not prudent; if entrusted with the care of others, it is not just."

Samuel Johnson
1709 - 1784
English writer

When the eminent Dr. Johnson wrote these sentiments, Bedlam, the infamous English asylum which added a word meaning "uproar" and "turmoil" to our language, had been in existence as a "hospital" for the insane for some two hundred years. For a long period of time not much difference had been seen to exist between criminals and the mentally ill. Their confinement at Bedlam, often together, was appreciated by the general public as an entertaining spectacle of comical, outlandish behavior which was available for safe viewing, especially by gentlefolk of all ages. Such occasions, it was thought, afforded people a dramatic opportunity to be thankful for their own circumstances, especially when the trip to Bedlam was made after church on Sunday. Fortunately, "Bedlams" no longer exist in the civilized world but they and their counterparts, until the mid-19th Century, do illustrate the upward progress of society's understanding of the needs of the mentally ill by providing a historic comparison between conditions in those dreadful asylums and those in modern mental institutions.

Early psychiatry in Canada was a vocation more closely related to the penal system than to physical medicine. Although some mentally ill persons in French Canada were treated in a hospital as early as 1714, most were usually kept in local jails. The first insane asylum in Canada was founded in St. John, New Brunswick, in 1935. Others were thereafter established in Ontario (1841), Quebec (1845), Prince Edward Island (1846), Nova Scotia (1858) and British Columbia (1872). Insanity became a new legal category and much legislation was enacted during this period to regulate funding, building, administration, commitment procedures, fees, and patients' rights. However, little was done to improve the actual plight of the insane, and punitive and penal methods of care were merely transferred from the jails to the asylums along with the patients. Then, between 1845 and 1890, three great pioneer doctors in Upper Canada, J. Workman, R. M. Bucke and C. K. Clarke, laid the groundwork for the provision of a comfortable, stimulating and friendly environment in the asylums. During this time all evidences of a prison atmosphere were removed, including locked doors, airing court fences, outside walls and other restraints. Coarse, brutal keepers were replaced with caring health professionals, and in 1887 a formal two-year psychiatric nurses' training program was inaugurated in Ontario. To replace the lack of restraints, a variety of occupational and recreational activities were introduced and good community relations, in the form of sponsored athletic events, out-patient visits and free patient admissions to country fairs, etc. were established. These efforts toward resocialization were remarkably effective, as indicated in two reports which recorded an astounding discharge rate of 64% and 47.6%.

Sadly, psychiatric standards in general went into a decline during the 1890's and reached a low ebb in the first three decades of the 20th Century. During this period, patients in many parts of Canada were confined in huge asylums situated in isolated rural districts. Although these buildings and their grounds did indeed mirror the genuine concern of society, especially right after World War I, for improved facilities for the mentally ill, the laws and treatments affecting the people inside the institutions still reflected widespread public fear and ignorance of mental disorders. Mental illness too often became justification to remove the liberties and rights of some patients, and many of the institutions soon developed the poor features of the earlier jail-like asylums. As a result, discharge rates dropped and admissions rose sharply. Segregation, long-term confinement and cheap custodial care again became the goals of psychiatric hospitals.

A surge of medical knowledge during and after World War II, plus the work and influence of the Canadian Mental Health Association, led to another change in social attitudes and to the development of improved services for patients, such as volunteer programs for mental hospitals, information and referral services, and community social rehabilitation programs. Certain therapies had been used in the Thirties and Forties – metrazol, hydrotherapy, insulin and shock treatment – but it was the introduction in 1951 of tranquilizers and drug therapy that heralded a new approach to psychiatric care. The phenomenal success of these treatments led rather quickly to significant declines in patient populations in Alberta. This, in turn, led to a great need for comprehensive community care and improved public attitudes in order to provide discharged patients with foster homes, group homes, clinics, acute care services, and the various support systems they required. The goals and treatments of mental hospitals had to be re-evaluated and redesigned to accommodate the new thrust of psychiatric care. The success of the new programs and treatments was dramatic, so normal living became possible for many who would have otherwise spent most of their lives in close confinement.

Today many health professionals, familiar with the cyclical nature of the care of the mentally ill in Canada, worry that the combination of fewer hospital beds and still-inadequate community services may cause many disturbed, vulnerable persons needing consistent quality care to be kept once again

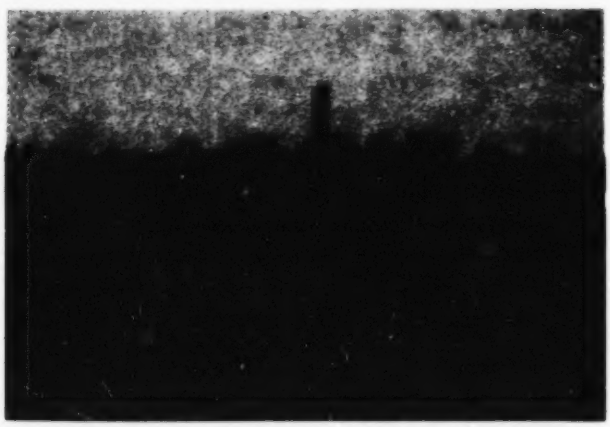
in jails and prisons rather than in mental institutions. With considerable dedication and compassion, workers throughout the field of mental health continue to focus their expert knowledge, experience and research on acquiring the best possible methods of relieving, curing and preventing mental illness.

Alberta Hospital Edmonton has not been isolated from nor immune to the general pattern of the development of mental hospitals in Canada. It has played a distinctive role in the history of Canadian psychiatric medicine, from its beginnings in 1923 as a small rural institution to its growth in just sixty years into a major modern hospital for the care and treatment of the mentally ill.

THE EARLY YEARS
1918 TO 1931

The opening of Alberta Hospital Edmonton on July 1, 1923, was a significant milestone in the history of psychiatric medicine and social services in the province of Alberta.

The creation at this time of a new facility for the care of the mentally ill was a reflection of the attitudes of the times. Albertans had just emerged, with much of the rest of the civilized world, from the trauma of World War I. They had suffered the sorrow, the bitterness and the exposure to horrifying global events neither remotely dreamed of nor expected just a decade before by this western pioneering society, and they had persevered. Most Albertans who survived the 1914-18 war had developed a clear sense of being part of a new, modern world, made more cohesive by vastly improved communications, but they also had an intense determination to establish a sounder, more humane society which would grow independent of direction from Europe, Eastern Canada or the United States. They were eager to build their own institutions and their own facilities, to provide for their own people in their own communities. With this sense of social purpose and by reaching out to gather the newest knowledge and the latest techniques, the province's leaders set in motion in a relatively short period of time a series of policies and projects which were to provide service to the public for years to come.



Beginning construction at Oliver, showing the first dormitory, now No. 1 Building . . .

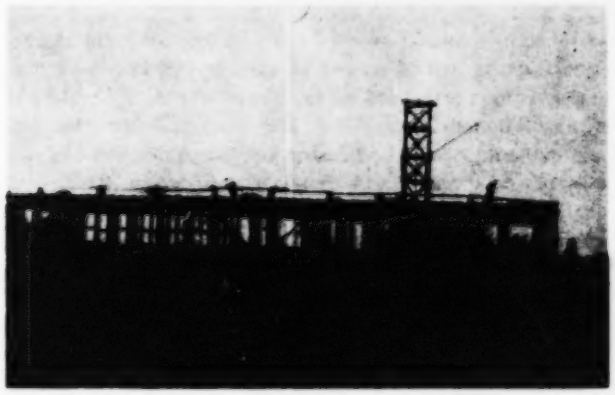
Alberta Hospital Edmonton was one of these projects, envisioned in the closing months of the Great War and put into operation at the beginning of the Twenties. It is worth speculation to realize that if its construction had been delayed by less than one decade, the Depression era would likely have seen its postponement, perhaps its complete collapse. Alberta Hospital Edmonton was born on a wave of optimism as an expression of general public concern for the welfare of less fortunate fellow citizens, a concern which is still much in evidence to this day and which gradually made possible the development of this well-regarded active-treatment hospital.

The official opening ceremonies at Oliver took place on a warm Sunday evening on July 1, 1923. It is likely that many of the participants had been to picnics or games earlier in the afternoon as part of the celebrations for Dominion Day.

This evening was to be a social occasion of some note, for the crowd of government and medical representatives and their wives expectantly awaiting the arrival of the official party were in formal attire – dark suits, dress uniforms, and evening gowns. Possibly their conversation would have revolved around the latest Dempsey fight, the difficulties of establishing a wheat pool in Alberta, or the likelihood of another visit to his Alberta ranch by Edward, the Prince of Wales.

One of the honoured guests that evening was Velma Henderson (later Mrs. Stanley Puffer, mother of Wilf Puffer, now a Head Nurse at Alberta Hospital Edmonton), who was the niece of Premier Herbert Greenfield. She had recently become her widowed uncle's Official Hostess, an unusual role for a young woman in her early twenties. Mrs. Puffer remembers the events of that evening clearly:

> We drove to Oliver in Uncle's seven-passenger touring car. It was a McLaughlin and very elegant, and I believe Uncle had the chauffeur drive that narrow, twisting tar road. It wasn't far but there were so many curves, the trip took quite a time. Mr. Brownlee, the Attorney-General, was with us. I remember it so well. Uncle had brought me a special gown, from Vancouver or perhaps Ottawa. It was white, full length, of course, and heavily embroidered at the neck and sleeves in an Egyptian motif which was all the rage because of the discovery of King Tut's tomb just the year before. I



. . . as framing nears completion . . .

thought it quite beautiful. We ladies wore kid gloves and dainty evening slippers and bags, of course, and some of us younger ones had bobbed our hair. Dick Reid (Minister of Health) met us at the Main Building. I don't remember Dr. Dick, but Archie Matheson, the M.L.A. from Vegreville, was there and I suppose many others I can't remember now. There was probably some kind of ribbon-cutting, then we all went indoors into a big hall for a banquet and speeches. It may have been in the basement that we later danced. The night was lovely and warm – the doors were left open and one could hear the orchestra music outside – and we all enjoyed ourselves very much. It was quite an occasion.

– from a taped conversation with Mrs. Stanley Puffer

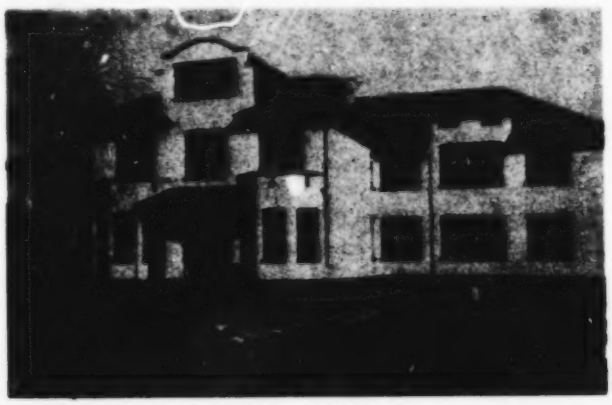
Thus with the full blessing of the political, social and medical dignitaries of the time, Alberta Hospital Edmonton was off to an auspicious beginning.

Before the opening of Alberta Hospital Edmonton there had been a series of changes and alterations surrounding its planning and construction which reflected the uncertainties and indecisions of leaders of a new era venturing into relatively unknown areas of medical and scientific knowledge.

The Hospital for the Insane at Ponoka, the first institution for the care of the mentally ill in Alberta, had opened on July 4, 1911. Originally called the Ponoka Asylum, it had served the needs of the recently created province better than its predecessor, the Brandon Mental Hospital in Manitoba, which had received patients from throughout the West. By 1918, however, Ponoka's patient population had risen from 192 to 567, and it was quite apparent that bigger and better quarters would be needed. Coincidentally, the temporary Home for Mentally Defective Children which had been operated for a short time in South Edmonton by the Department of Education had become overcrowded after less than a year of operation. Consideration had to be given to the creation of a completely new facility which would serve all needs.

. . . and the building takes shape . . .

During this period, the two visits to Alberta and a series of addresses by Dr. C. M. Hincks of Toronto, Assistant Medical Director of the Canadian National Committee for Mental Hygiene, had a considerable influence on members of the government and legislature, members of the medical fraternity and many others prominently connected with social work in various parts of the province. Dr. Hincks was later invited to conduct a survey of mental deficiency in Alberta during 1920. Furthermore, increased public awareness at this time resulted in a spate of questions and observations from community organizations regarding the needs of the feeble-minded, the senile, incapacitated indigents and mentally defective children. All of this interest and concern led the Liberal government of the day under Premier Charles Stewart to purchase the land for the development of a large new facility. It was described in the 1920 Annual Report of the Department of Public Works as, "a farm and a site for a permanent institution consisting of approximately one thousand acres. This site is situated nine miles north-east of Edmonton on the Fort Saskatchewan trail and is admirably situated in every way for the purpose. It is one-half mile from Oliver Station on the Canadian National Railway and spurs to the service buildings will be



. . . into the well-known structure still in use today.
Photos by Otto McLellan - courtesy of Eleanor Myroon

available from the St. Paul des Metis branch of the Canadian National Railway which runs through the property. The land is high and is served by natural drainage. The soil is of excellent quality and practically the total acreage is arable and in condition to produce at once. In the summer there is a bus service on the trail, which is one of the best roads in the province and served as it is by two railways the property is easily accessible from all points in the province. From the site chosen for the various buildings a splendid panoramic view of the Saskatchewan river valley and the surrounding country is obtainable."

The chosen site was located in an exceptionally fine agricultural area centered around the small community of Oliver, which had been named after the Hon. Frank Oliver of Edmonton. This pioneer Albertan had a twenty-dollar second-hand printing press brought to Edmonton on a Red

Hon. Frank Oliver
– courtesy of Provincial Archives of Alberta

River cart. With it and the help of Alex Taylor he founded *The Edmonton Bulletin*, the world's smallest newspaper (5" x 6"), on December 6, 1880. Eventually he was elected to the North West Territories Council, then to the federal Parliament, where he served as Minister of the Interior in Sir Wilfred Laurier's 1905 Liberal Cabinet. It was natural from the beginning for Edmontonians to refer to the new institute as "Oliver", a popular name which has lasted through sixty years of official name changes and which is still frequently used today.

Unfortunately neither the first official name nor the function of the new institution was clearly defined for several years. To the Department of Education it was to be a permanent home for the estimated six hundred institutional feeble-minded of the province, to be called Alberta Institution ("it can fairly be expected that 'ere long Alberta's feeble-minded will no longer be a menace to society"). That Department also envisaged the new site as a possible location for two hundred of the most urgent cases among Alberta's mentally defective population. The Department of Public Works prepared a number of sketches of buildings for an Institute for Feeble Minded Children. Both provincial departments sent senior staff to Toronto, Boston, New York, Montreal, Ottawa, London, Detroit, and Chicago in order to study facilities and to consult with experts on the best arrangement and construction of grounds and institutional buildings, with the exhortation that "whatever is undertaken here will be projected upon lines in keeping with the best that exists elsewhere." By 1921, Public Works had designed a Home for the Feeble-minded to accommodate one thousand to fifteen hundred patients. Drawings of two units for one hundred patients each were completed for tenders but no action was taken to proceed with the construction pending "definite instructions". Nevertheless, excavation for the two buildings and the main sewer line had proceeded when the administration of the proposed institution was suddenly transferred to the Department of Public Health. This meant that the whole scheme had to be reassessed by officials of that department.

In 1922, the institute under construction at Oliver was being referred to as The Home and Training School for Mental Defectives, and thought of as the permanent replacement for the South Edmonton establishment for children. Two units were near completion, and Dr. W. J. McAllister, Director of the latter, had been appointed Superintendent and sent to the Massachusetts Training School for the Feeble Minded to study administration and training methods with the famous medical pioneer, Dr. Fernald. The designs of the two dormitory buildings were carefully revised to meet the requirements of the Department of Health and tenders were let to Thomas, Jamieson, McKenzie of Calgary, the Standard Heating and Plumbing Co. of Edmonton and Hillas Electric Company of Edmonton. A power house and service tunnel were constructed, boilers installed and the essential farm buildings erected by the Department of Agriculture. The new Training School was ready for occupancy in the spring of 1923 . . . and then it was decided to change the purpose of the institution to that of a mental hospital for insane adult patients, particularly for those housed at that time in the institution at Red Deer. This drastic change necessitated a considerable amount of alteration in the dormitory buildings in order to adapt them for their new function. One dormitory, the sewage disposal plant, the kitchen, the bakery and the laundry were rushed to completion. Dr. McAlister was redirected to Red Deer to head the newly established Training School for the Mentally Defective there, and Dr. D. L. Dick of the soon-to-be defunct Hospital for Returned Soldiers in Red Deer was put in charge of the newly designated Provincial Mental Institute, Oliver.

The muddle was explained in the 1923 Annual Report of the Department of Public Health. "The new buildings at Oliver were intended for the reception of mental defectives, but it was found that these buildings would not be suitable for the care of this class of cases unless additional buildings were erected. It had been the intention to use the two buildings at Oliver for children of a fairly high grade and maintain the infirmary cases in the home on the south side. The demand for admissions was mostly for infirmary cases, and in order to relieve the situation it was decided to remove the insane from Red Deer to Oliver and use the Red Deer hospital for the mental defectives. Arrangements were made in the spring of 1923, and in the middle of summer the transfer was completed; the inmates of Red Deer were sent to Ponoka, the children in the Edmonton Home were transferred to Red Deer, the home on the south side being closed. A small body of the better type of patients from Ponoka were sent to Oliver to assist in the work of preparing the buildings and grounds

prior to the admission of the bulk of the patients. It is now the intention to use Oliver for the chronically insane. All patients will be admitted through Ponoka and active treatment cases will, as far as possible, be cared for at Ponoka. When considered advisable a patient will be transferred from Ponoka to Oliver. It is expected that this re-distribution of mental cases will obviate the necessity of building further accommodation at Ponoka and Oliver until 1926."

Hospital for Returned Soldiers, Red Deer (now Michener Center, formerly the Presbyterian Ladies' College).
– courtesy of Alberta Hospital Edmonton Archives

Left to right: Superintendent's Residence, water tower, old No. 2 Building (now demolished) with kitchen, dining hall, bakeshop, wards, and No. 1 Building. c. 1927.

Photo by McDermid Studio – courtesy of Alberta Hospital Edmonton Archives

The first Medical Superintendent of the Provincial Mental Institute, Oliver, was David Lavern Dick. Born in Thamesville, Ontario, in 1884, he had graduated with a degree in medicine (M.B.) from the University of Toronto in 1912 and practiced for a short time in and around New York City. After joining the Imperial Army (Royal Army Medical Corps), Dr. Dick had served in 1915-16 with the 142nd Field Ambulance at an advanced dressing station on the Western Front. He had then transferred to the Canadian Expeditionary Force in 1917 and had become Resident Medical Officer for Strathcona Military Hospital, Edmonton, with the rank of captain. In 1918 he had been put in charge of the Hospital for Returned Soldiers in Red Deer, a position he had kept until his appointment to the Institute at Oliver. Little is known of Dr. Dick's personal life, but the few reports compiled by him consistently reveal a direct, orderly, practical, somewhat parsimonious turn of mind. His dry Annual Reports emphasized construction and physical facilities rather than patient care, although his statistical data of the patient population (increasing from the original nucleus of 47 ex-soldiers to an average of 204 patients by 1928) was careful. He was gratified that, during his tenure of nearly six years, the patients enjoyed exceptionally good health, a condition he attributed to the introduction of semi-annual dental services (started in 1924 by Dr. A. E. Heacock, Department of Public Health dentist) and to the inmates spending as much time as possible in the open air. His description of work done by day workers and patients under the supervision of the gardener clearly demonstrated how that time outdoors was constructively used for the benefit of both patients and Institute!

"Excavation for laundry and concreting of floor and footings. Excavation for root-house 16½ feet by 100 feet and erection of same with concrete and hollow tile. Excavations for water tower columns and pouring concrete in same. Excavation and concreting pump house and heating chamber for water tower. Drain from power house to water tower for steam and water lines. Excavating and concreting tunnel between laundry and main sewer. Excavating and concreting for rear entrance to basement floor of buildings No. 1 and No. 2. Rubbish from disused root-house cleared away and excavation filled in. Old farm house cellar filled in. Dilapidated chicken house and implement shed removed and large quantities of rubbish cleared away. Considerable heavy cut and fill grading around buildings No. 1 and No. 2. A good deal of grading on driveways. Large amount of grading on grounds. Season's ashes removed from power house dump to driveways. Digging holes for power line to septic tank and assistance in erection of poles for same. Old barb-wire fences moved and eight acres of old land in foul condition plowed and well summer-fallowed. Adjacent land on road allowance cleared and ploughed to eradicate weeds and develop clear sod for the future. Temporary barb wire fence erected along road allowance pending mellowing and grading for permanent woven wire fence. Approximately five acres raw land broken which also accounted for some clearing. Several clumps of old willows and poplars cleared in order to foster young healthy stock of native trees suitable for background work. Hauling about fifty tons farmyard manue. New culvert at entrance to grounds. Drains from buildings No. 1 and No. 2 connected with main sewer to convey water from eaves. Daily

delivery of milk from farm and delivery of eggs as required from poultry plant. Cartage of one car of coal to pump house, septic tank, bunk house and staff cottages. Unloading ten cars gravel and two cars cement. Cartage of car load kitchen utensils from Oliver Station to Institute. Frequent trips to Oliver Station for public works material. Hauling poles to power line. Removing two cars of patients' effects, office material, staff furniture, etc. to buildings No. 1 and No. 2 and to staff cottages. Harvesting and transferring two car loads vegetables from Red Deer. Assistance to unload steel for water tower from cars. Unloading four cars steam coal into bunkers at power house. Frequent patient help to tradesmen to assist in labouring, cleaning up, etc. Collecting five hundred young native evergreens and planting in nursery beds. Propagating quantity of perennial and biennial flowering plants."

Dr. Dick's organization and operation of the Institute was exceedingly military in style, with a strict hierarchy of authority, rigid rules and routines, tight schedules, and a spartan environment. Always conscious of the need for economy, he noted with some pride the cost per patient per day during his directorship: 86 cents in 1923, 64 cents in 1924, 66 cents in 1925, 60 cents in 1926, 65.5 cents in 1927, and 69 cents in 1928. As the only resident physician, Dr. Dick was assisted by Administrative Assistant Robertson, Bursar Thomas V. Murray, and Chief Attendant John Marshall. (Dr. E. H. Cooke, Medical Superintendent at Ponoka Hospital, made monthly trips to Oliver to give advice and assistance.) The remainder of the Institute staff, which increased from fifteen in 1923 to twenty-eight in 1928, was composed of a cook, a baker, two engineers, a laundry man, a gardener and several ward attendants. All were male, usually with grade school education. An attendants' monthly salary was $51.56 in 1927 and the length of employment averaged from six months to a year. During the 1923-28 period, the total annual payroll increased from $15,419.20 to $33,785.02. However, at a supervisory level there were three men of outstanding capability and character.

> To me, as a kid visiting Oliver with my Dad, who worked there, I had the impression that the place was run by George Muir, the Engineer, Charlie Cameron, the Maintenance Supervisor, and Alex Paton, the Gardener. All three were Scotsmen, big men with lots of authority, who were Old-Country trained and masters of their trades. They didn't stand for any nonsense, but they were kind and knew how to get the best out of their men and were willing to show them how to do things. The fellows they hired were good workers, Jacks-of-all-trades who were skilled at just about everything – carpentry, painting, electrical work, machine work. Everyone did whatever needed to be done, and usually knew how to do it.
>
> *– from a taped conversation with Jeff Thornell, Painting Supervisor*

G. Robinson, the baker, E. G. Thorne, the cook, and Herbert Cumberpatch, the laundry supervisor, were also very proficient at their work and served well for many years.

Rockgarden created by Alex Paton near No. 5 Building.
– courtesy of Alberta Hospital Edmonton Archives

It was evident that the staff were badly overworked. An official report from 1927 outlined the attendants' duties. "The duties are divided into two shifts, 6:30 a.m. to 7 and 7:30 p.m. and night duty. Time off one day a week and one Sunday a month. Assistants are supplied with board and room and a uniform. Their duties can be obtained from a weekly schedule of work which sets out their specific duties at stated times covering each separate unit of the institution insofar as Buildings 1 and 2 and Laundry are concerned. The staff at the medical superintendent's disposal would only permit not more than two attendants on duty in each ward at any one time. One assistant in seven for relief work. No relief for sickness, in which case officials have to be doubled up, Chief attendant has also to take on other duties during meal hours, etc. Average patients a day 48 to 66, night men 70."

In spite of the conditions, some of the staff from the Twenties served the Institute well for many years. The most outstanding examples were Thomas V. Murray, Bursar and later Business Manager, who, by the time he retired in 1956, had set an Alberta civil service record of working thirty-five years and four months without the loss of one day due to illness; Alex Paton, who created a lasting memorial through his unique ability as a landscape gardener; George Muir, a man of exceptional inventiveness and innovative skills; and Charlie Cameron, a man of expansive charm who set high standards of excellence and after whom Cameron Hall was named (later demolished to make space for the Helen Hunley Forensic Pavilion).

Since most of the patients were of the non-violent chronic type, with varying degrees of dementia, their safe and healthy custody was given precedence over any kind of treatment. Even by 1928 the Institute did not have adequate hydrotherapeutic equipment. On occasion, ordinary tubs were used for continuous baths for cases of excitement, drug addiction, etc., under the supervision of Dr. Dick. There was a treatment room with an operating table, sterilizer, basins and equipment for minor surgery, mostly cuts and scratches. A sick parade was conducted every morning, and then, for many, the rest of the day was spent in idleness, for only about 35% of the patients worked outdoors (20% in winter), and a very few were employed in the laundry, kitchen and dining room.

> The facilities were not good by today's standards. When I worked at Oliver as a young attendant in 1927, before going to the University of Alberta Medical School, the wards were crowded. Beds were very close together and sometimes mattresses were put right on the floor. The wards were bare and depressing, and the patients were a pretty forlorn bunch. For some, the only activity was to walk up and down the halls, pushing polishing blocks to shine the floors. They wore loose-fitting khaki coveralls which were always rumpled. There was very little active treatment, although Dr. Dick did experiment in giving epileptics a high fat, low carbohydrate diet to lessen seizures. But it wasn't a success and didn't last for long. The best therapy was the farm work and the gardening done by some patients with good results. It's too bad that changed.
>
> *– from a conversation with*
> *Dr. Morris Carnat, Calgary psychiatrist*

The dormitories were described in the 1928 Commission Report as "large and airy, with accommodation for approximately 50 patients each. There are 12 single bed rooms (side rooms) in the hospital. Five toilets are available for each dormitory. There are five wash basins to each dormitory; 1 to 2 showers per dormitory. All windows have metal sash."

There was no program of organized physical activity, but both staff and patients were encouraged to participate in football, outdoor basketball, cricket, skating and dancing, and men from the surrounding community joined some of the teams. The institutional routine was relieved by showing silent movies, accompanied by music from the staff orchestra, always much appreciated events which eventually were presented every week.

Occupational therapy was described by Dr. Dick as being "confined to healthful employment and more personal liberty consistent with good discipline", a concept noted by him as being quite satisfactory.

The lack of provision for occupational therapy was seen as a major defect of the Institute in the 93-page report of a 1928 Commission composed of Dr. C. B. Farrar and Dr. C. M. Hincks, who were charged by the Alberta Government with investigating mental hygiene developments in the institutions at Red Deer, Oliver and Ponoka after the murder of a patient by an attendant at the latter institute. In the report, the Oliver Institute was complimented on its well-kept grounds, cleanliness, efficient business administration, kindly and humane treatment of patients, and evidences of good staff morale. However, a summary of defects led to several important recommendations for improvement, among them the appointment of an occupational therapist and of a trained nurse to

Cameron Hall, before it was demolished.
Photo by Bill Duff – courtesy of Alberta Hospital Edmonton Archives

Charles Cameron
– courtesy of Mrs. M. Hyde

care for the physically ill, the systematic instruction of ward staff and the installation of at least one continuous bath. Specific suggestions for the provision of a more homelike atmosphere were given.

The report's conclusion regarding the prevention and treatment of mental illness in Alberta is worth perusal by modern health care professionals, especially when one considers it was written over fifty years ago. It reads, "In outlining the possibilities for an improved service it is only necessary to consider the ultimate goal as determined by proved and accepted standards. This has been done in the preceding pages.

"Of all mental patients, those who cannot be treated at home or outside an institution are naturally the ones who first and most urgently demand attention. For them the hospital should endeavour to supply what the home cannot; but, in doing this, it should not forget the equal necessity of offering to the utmost the advantages of home which the patients must termporarily forego. If this dual aim is kept ever in mind the details of suitable management and treatment will work themselves out naturally.

It cannot be too often repeated that injudicious management may aggravate a patient's condition or actually create new systems.

"The spirit pervading an institution, and which immediately affects every new patient, is built up of all those influences that make for or against comfort, contentment, confidence, hopefulness, which strive to reproduce as far as may be normal living conditions, and to promote natural and healthful activities. Such a spirit does not emanate from one person alone, but must come from the entire staff and personnel, through leadership it is true but also through common understanding and whole hearted co-operation with the single end in view and welfare of the inmates of the institution.

"It is the view of the Commissioners that indiscriminate mixing of patients in large groups is inimical to their progress, and that the plan of segregation should make due allowance for the mutual influences of patients one upon another. Airing courts are condemned because they produce the confinement of the ward, offer no possibility of wholesome exercise or employment, and are a poor substitute for natural outdoor activities.

The Provincial Mental Institute's Dairy Farm. c. 1920.
H. Pollard Collection – courtesy of Provincial Archives of Alberta

"The custodial attitude will recede to the background as obsolete, the tradition of an earlier period when the welfare of society was the major consideration in dealing with mental cases. Along with the custodial viewpoint goes hand in hand the likewise obsolete idea of mass treatment which readily tends to become mechanical routine.

"It is an achievement of modern psychiatry that the welfare of the patient is given foremost consideration, at least not secondary to that of society; and that mass methods have been replaced by individualization. On this foundation is built up a constructive therapy suited to the individual, mindful of his rights and legitimate privileges as well as his treatment needs. Such a system must constantly aim to justify itself from the viewpoint of the patient. It is as important to know what the patient thinks and feels, how he is regarding his environment and reacting thereto as it is to provide him with suitable quarters and food. Mental patients are extremely susceptible to unfavourable as well as good influences; and every detail of hospital routine should be considered with regard to this fact.

"Mechanical restraint and seclusion are unqualifiedly disapproved. These devices but widen the gap between medical and nursing staff on the one side and patients on the other, a gap difficult enough to breach at best without resorting to means which foster in the minds of patients, fear, suspicion, distrust and resentment.

"In advocating the abolition of restraint the Commissioners are cognizant of arguments for its retention, chief of which is that mischievous, destructive or dangerous patients are thereby rendered harmless. It might also be urged that the free use of restraint makes possible a reduction of ward personnel and is therefore a measure of economy. It is not believed to be necessary to bring reasons to refute this last argument. The exhibition of force as mechanical restraint typifies is not the way to gain access to the mind of the disturbed patient, to influence or to cure him. Modern therapy has provided substitutes for forcible restraint notably hydrotherapy, occupational therapy and withal skilled nursing technique. It is worthy of note that Canada's most dis-

tinguished psychiatrist, the late Dr. C. K. Clarke, throughout his career consistently advocated the abolishment of restraint.

"Occupational therapy has been stressed as of therapeutic importance. Idleness is demoralizing and breeds symptoms. If the normal man needs work to maintain his poise even more does the mental patient require it to regain his balance. The specific benefits of occupational therapy have been detailed in this report.

"In the old days the "asylum" was placed in outlying districts remote from centres of population, not primarily in the interests of the afflicted to be cared for there, but rather for the assumed advantage of the community at large. The policy which now finds acceptance is just the opposite. Hospitals for mental patients are brought in as close contact as possible with centres where clinical and other urban advantages may be made available; and institution administrators feel that the closer the relationship between hospital and populace the better for all concerned.

"In the report the Commissioners have assumed a critical, and at the same time they hope a fair attitude. They desire to emphasize the great difficulties involved in mental hospital practice, and the failure often times on the part of the public to appreciate the magnitude of these difficulties. Persons suffering from mental disease constitute in many ways the most difficult group in medicine. In no type of medical or nursing service are greater demands made upon patience, poise, insight and resourcefulness. For these reasons the staff of the Ponoka Hospital deserve credit for the work they are doing.

"Alberta is in a peculiarly fortunate position with regard to the development of a mental hygiene programme, which will give her pre-eminence in this field. As a comparatively young province she can afford in the shaping of this programme to discard traditions that are obsolete and strike a course which will avoid the mistakes of older countries. Such a project contemplates not only the necessary enlargement of the present hospital system, and the further development of special types of institution for particular patient groups; but more important still the providing of facilities in general hospitals in the large cities for the treatment of mild and early cases, which are so likely to be neglected, and for the immediate place of emergency cases under suitable medical care. Of the utmost significance in such a programme is the working out of a system of extramural care which will tend to reduce the tax made on hospital accommodation, and at the same time give suitable care to patients so treated, and conserve as far as possible their economic independence. The final step is the encouragement of research, medical, sociological, economic, which will make further contributions to knowledge of the conditions we are dealing with and thereby of the ways to correct them.

"Mental and nervous disabilities constitute one of the most stupendous problems that any country has to face. Alberta is cautiously and thoughtfully feeling her way in the solution of this problem, and the people of the Province may congratulate themselves on the vision and courage of a Government which is prepared for the undertaking. The magnitude of the opportunity is equal to that of the task."

Initially it was the "bricks and mortar" development at Oliver Institute which drew most government funding and elicited favorable responses from the public. When the Institute opened in 1923, there were already two dormitories (one incomplete), a power house and service tunnel, a sewage disposal plant, a kitchen, a bakery and a number of farm buildings. Buildings, maintenance and farm facilities and homes, such as the Superintendent's residence (today in excellent condition but relocated across the Fort Trail) and three staff cottages (for $3,438.64 each), were constructed throughout the Twenties.

To the general public the most outstanding feature of the Provincial Mental Institute was the landscaping. As early as 1927, Dr. Dick wrote, "The lawns and flower gardens were beautiful, and evoked much favourable comment from the press". It was then that Oliver became a favorite destination for Edmonton's Sunday drivers and their families, a particular pleasure being a walk to the lovely grotto with its blue pool and goldfish, a Paton creation of which remnants are visible today near #5 Building. However, the extensive gardening was as practical as it was decorative, for the Institute provided all the fresh produce for the staff and patients until,

The Superintendent's Residence. c. 1930.
– courtesy of Alberta Hospital Edmonton Archives

The dining room at Oliver. c. 1934.

– courtesy of University of Alberta Archives

The bakeshop at Oliver. c. 1934.

– courtesy of University of Alberta Archives

by 1927, there was enough excess for other government institutions. In 1926, a considerable area of the grounds was seeded to grass, and trees were planted according to the landscaping plans formulated some years previously. The nursery contained numerous small native trees and shrubs, obtained with considerable effort, which were nearing readiness for transferring to the main grounds. These became the basic stock from which trees for shelter belts were shipped to farmers all over Alberta. However, the ornamental trees were most treasured by those Edmonton school children who were taken to Oliver at least once in grade school in order to make leaf collections. Alex Paton had succeeded in growing nearly every species of tree in Canada – oak, maple, chestnut, spruce, pine, apple, ash, larch, willow, birch, fir and many others – thus making the Institute's grounds one of the most unique horticultural show places in western Canada.

No. 1 Building and Alex Paton's landscaping. c. 1929.

– courtesy of Alberta Hospital Edmonton Archives

In November 1927, Dr. Dick had been incapacitated because of injury in an automobile accident resulting in a fracture of his right leg below the knee, complicated by pulmonary embolism, and his position had been temporarily filled by members of the medical staff from Ponoka Hospital. Then, in May of 1928 Dr. Dick resigned to take up post-graduate work in neurology with a view to entering general practice. He lived in New York City until 1930, then practiced as a neurologist in Calgary and Vancouver. He and his wife eventually settled in Galahad, Alberta in 1932, and later moved to Vancouver, where he practiced for the four years prior to his death at the age of sixty-nine on January 18, 1952.

Dr. Dick had overseen the establishment of the Provincial Mental Institute at Oliver and its development into a well-organized facility. His dedication had set a pattern of custodial care for Alberta's chronically insane which was not inconsistent with that of similar institutions across North America. However, more progressive attitudes were spreading as knowledge of the care and prevention of mental illnesses increased, and Dr. Dick's retirement opened the door for the changes and improvements to be introduced by his successor.

On June 1, 1928, Charles Patrick Fitzpatrick was transferred from his position at the Provincial Mental Institute in Ponoka in order to become the Medical Superintendent at Oliver. Little is known of Dr. Fitzpatrick's background, but a number of his colleagues in psychiatry remember his warm personality and keen intellect, as well as his great desire to improve standards of care for the mentally ill.

Dr. Fitzpatrick's arrival at Oliver signalled a new era for the Institute, and it was soon evident that he and his superiors in the Department of Public Health were in agreement with the Farrar-Hincks Commission's report. Before the year was

out, the entire atmosphere at Oliver had been improved through a series of dramatic changes.

On August 1, attendants' working hours were reduced from seventy-two per week to fifty-five, this accomplished by creating four new positions. Staff morale was further improved by erecting a heated and lighted garage for 16 cars.

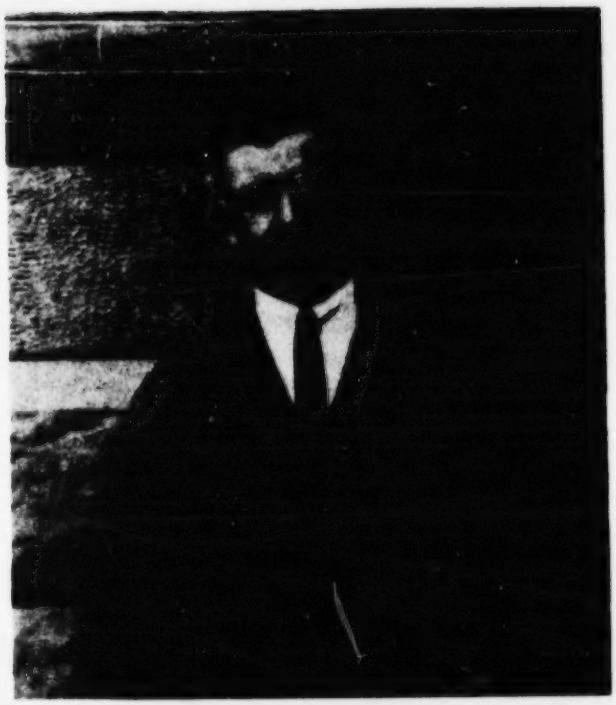
Realizing that activity would improve patients' attitudes and behavior, Dr. Fitzpatrick found outside work for 50% more patients and organized a system of physical culture on the wards for their enjoyment during inclement weather. A sewing department for repairing clothing and bedding was opened in order to provide activity for some patients. Patients were allowed to play checkers and card games on the wards, and newspapers, magazines and books were made available to them. Various Edmonton organizations, among them the Salvation Army Citadel Band, were invited to give concerts, and the weekly movies were improved by the installation of a projection booth (which also reduced the fire risk and added to the safety of the operator). During the closing months of 1929, an attendant from Oliver studied weaving and basketwork at the Brandon Institute in Manitoba in order to give direction to the introduction of craft work for Oliver's patients.

The appearance of the wards was improved by replacing the existing floors with battleship linoleum. Pictures were purchased and hung to create a homier look, and singing birds were placed in the day rooms. In one patients' dining room, the long tables were replaced by circular tables for six, and to each of these tables were added knives, forks, and paper serviettes for each patient and a small centre-piece on which was placed either a colourful potted plant or a vase of fresh flowers. The pleasing effect of this and the greater variety of meals permitted by the use of knives and forks was remarked upon with considerable appreciation by the patients.

The daily cost per patient rose to 82.4 cents at the end of 1929 and to 85.7 cents in 1930, but at the beginning of 1930 Dr. C. M. Hincks, who had been invited by the Alberta Government to undertake a re-survey of mental hygiene, was able to report spectacular progress at the Oliver Institute. With the exception of appointing a trained nurse, all of the recommendations had been followed, and a medical intern from the University of Alberta had been hired to be in residence in the late afternoons and at night.

Dr. Hincks was also able to report the adoption of other significant improvements to the mental health field in Alberta, namely the establishment of out-patient mental health clinics in Edmonton and Calgary, the introduction of active research in mental hygiene at the University of Alberta, increased public education, the training of mentally handicapped children over twelve years old by the Edmonton Board of Education, the provision of twelve beds for psychiatric patients at Edmonton's University Hospital and the granting of leave to Dr. Fitzpatrick to receive further psychiatric training.

The mental health clinics, the first in Canada to be established under the auspices of a provincial government, were of compelling interest to Dr. Fitzpatrick. As Superintendent of



Dr. C. P. Fitzpatrick
– courtesy of The College of Physicians and Surgeons of Alberta

Oliver Institute, which had to supply medical and social services to the Edmonton clinic, he was deeply involved in their operation. The Edmonton clinic was at first located at the University Hospital, where it fulfilled three functions: to disseminate throughout the community information about the early diagnosis and treatment of mental defectives, mental disorders and neuroses; to advise on the home treatment and management of such disorders; and to train social workers, school teachers, etc. in certain aspects of psychiatry. In the 1929 Annual Report, Dr. Fitzpatrick reported that 60 cases had been treated at this clinic since its opening in August, and voiced his satisfaction with this "constructive advance". By the end of 1930, Dr. C. A. Baragar, newly appointed Commissioner of Mental Institutions and Director of Mental Health for Alberta, reported the work of the clinics as having proved important, valuable and varied, "dealing as they have with problem-cases referred by schools, courts, police, physicians, health departments, hospitals, charities, homes, parents and the Department of Neglected Children." In the 1930 Annual Report of the Division, he said, "In passing, one cannot but refer to the high proportion of low grade patients-idiots (40.5%) and imbeciles (39.5%) – as compared with the higher grades of defectives (30%) – for whom hopeful work is possible so far as social re-establishment is concerned. The low grades may be the socially urgent cases, but they are not the most important cases socially. The number of applicants (193) awaiting admission as well as the number of reported suspects (350) are indeed a serious challenge, a challenge that can only be met by increased accommodation and increased facilities."

As well as expanding patient care, Dr. Fitzpatrick superintended considerable construction on the premises of the Provincial Institute at Oliver. One of his most able staff was George Muir, who, when he retired in 1956 after over forty-seven years in public service, had an enviable work record, having been involved in the construction of the first building at the Ponoka Mental Institute, at Lethbridge and Fort Saskatchewan goals, the Legislative Building and finally Oliver, where he was Chief Engineer for thirty years.

The improvements to the grounds in 1929 formed the basis for much of the outstanding landscaping enjoyed today, and throughout 1930 there was a steady stream of sightseers. A 750-foot spruce hedge was planted, and 290 trees, 300 shrubs, and 700 perennials, many of them the famous Oliver peonies, added to beds and borders. Three cinder tennis courts were made (and lasted until 1982 when they were hard surfaced to become part of the parking area for the Helen Hunley Forensic Pavilion) and more rockeries established. The grounds work the following year was equally extensive, with the additional labour of building over one thousand yards of spur line for the railway and moving one hundred loads of drifted soil to fill low spots in the ditch on the Fort Trail.

A new dormitory was opened in May of 1930, an addition which added considerably to the comfort and care of the patients and greatly improved the appearance of the Institute. Another service building containing a central kitchen, bakery and an exceptionally fine dining room was completed, and corridors connecting it with the main building and No. 3 Building gave added accommodation for 80 patients. The old dining rooms were turned into more dormitory space. By December 1930, there were 317 patients and a staff of 53 to occupy these facilities.

Occupational therapy was expanded and improved in 1930. The patients made excellent basket work and good toys which were displayed and sold for the first time at the Edmonton Exhibition, provoking many compliments from the public.Fitzpatrick resigned his position on July 1, 1931, in order to study in England with a Rockefeller Travelling Fellowship. A man of great ability, he was later employed at Butler Hospital in Providence, Rhode Island.

Following Dr. Fitzpatrick's resignation, Dr. W. J. McAlister was appointed Acting Superintendent of the Institute and asked to act at the same time in a supervisory capacity to Dr. D. L. McCullough in his work at Red Deer.

An exhibition of items produced at Oliver, for the Edmonton Exhibition of 1953.
- courtesy of Provincial Archives of Alberta

University of Alberta Medical School, Class of 1931, many of whom were staff or consultants at Oliver and Ponoka. Front row (l to r), P. Emery, E. A. Richardson, R. Hamilton, Skitch, W. Niewchas, C. W. Taylor. Second row, L. Lesk, J. Madill, A. Davidson, B. Barnett, A. D. MacPherson. Third row, Murphy, B. W. Hardartin, L. Kichkam, H. Weinlos, B. Bramley-Moore, W. Vosburgh, Strohan. Fourth row, R. K. Thomson, R. W. Brown, F. Rosher, S. M. Burris, Swartzmann, B. Lyons, D. L. McCullough. Back row, W. Watts, Ms. H. Bennett, Ms. C. Lynch, Martens, A. E. Cooke, Cassills.

– courtesy of University of Alberta Archives

The assistant physician at Oliver at that time, Dr. Gage Brearley, resigned in October, and his replacement, Dr. Iver Lefsrud, resigned at the end of the year. Dr. W. L. Valens of the Ponoka staff and a recent graduate of Boston Psychopathic was then appointed medical assistant pending the confirmation of Dr. McAlister.

During the Twenties, the Alberta Government had established two boards which were to play an important role in determining certain procedures and operations in mental institutions for the next 45 years.

It was in 1925 that, on the request of Minister of Health George Hoadley, an Order-in-Council had established the Board of Visitors to investigate regularly all provincial prisons, mental institutions and tuberculosis sanitariums and to provide the public with an unbiased account of the conditions within them.

As early as 1924, under the direction of Dr. Dick, a voluntary board of citizens from the community had made periodic visits to the Provincial Mental Institute, touring and evaluating the existing facilities and programs. This may have prompted the establishment of the formally structured Board of Visitors with members who were representative of citizens throughout the province. The first members were Dr. J. M. MacEachran (Chairman), Proctor and Head of the Department of Philosophy, University of Alberta; Mrs. Emily Murphy of Edmonton, first female magistrate in the British Empire; Mrs. Jean Field of Widewater, representing the United Farm Women of Alberta; Mrs. J. F. Anderson, respected church and community worker from Raymond; Mr. W. J. Botterill, well-known Red Deer businessman and community leader. The 1927 papers of the Premier indicated a concern over the rising cost of the Board – from $210.95 in 1925 to $703.95 in 1927 – and this, together with the fact that the Board of Visitors and the Eugenics Board had much the same membership, may account for the duties of the former being handled by the latter from 1929 to 1959.

The introduction of the ' Sexual Sterilization Act" in 1929 and the immediate appointment of the first Eugenics Board was a reflection of the mores and attitudes of society at that time, just as its dissolution some forty years later was a result

of the changed perceptions and knowledge of the public. At a time when custody of social misfits was given precedence over treatment, and treatment leading to cure was a rarity, it was considered reasonable and responsible of the government to create the means whereby a vexing, sometimes dangerous, social problem could be eased. As Dr. McAlister wrote in 1931, "Schizophrenia is considered hereditary, and hence is closely allied to that other biogenic problem, primary mental defect. As the Schizophrenic forms the largest group in any mental hospital, and as the primary ament forms the largest group in any school for the feeble-minded, one is impressed by the need for constantly carrying on the fight against the root cause of these two social and economic problems – defective stock and its propagation."

Great care was taken in drafting the legislation and selecting the Board members in order to ensure complete accountability. To satisfy the public and the professions, two Board members were medical practitioners appointed by the Senate of the University of Alberta and all were highly respected people of impeccable reputation, the originals being Dr. J. M. MacEachran (Chairman) and Mrs. Jean Field, both from the Board of Visitors, Dr. Egerton L. Pope of Edmonton and Dr. E. G. Mason of Calgary, all of whom were to serve lengthy terms. By 1930 Dr. Baragar was able to write, "The need for this legislation has been fully demonstrated and the very careful and efficient manner in which the Board has discharged its responsibilities under the Act has placed this Province in a position of leadership in dealing with this great problem. Many enquiries have been received from other provinces, and other parts of the Empire, as well as from foreign countries, as to the working of the Act and the progress of the work in Alberta." However, Dr. Baragar did voice concerns other than public safety and economy when he stated, "Our first cases for sterilization were presented in January. Other meetings of the board took place during the year, and a grand total of 16 cases was passed upon and eugenically sterilized. In connection with this preventive work, I feel satisfied that the Government has initiated a valuable activity which should materially lessen the problem of the propagation of the feeble-minded. As I have previously pointed out, however, eugenical sterilization does not make the defective normal, nor does it necessarily equip the individual thus sterilized for community life. True, the danger of propagating defective offspring is eliminated, but that is but part of the problem. The difficulty of maintaining themselves still exists. Hence, I would urge that practically all defectives that may come within the jurisdiction of the board be given a course of institutional training before parole, the better to equip them for the maintenance of an independent existence. This, of course, can only be done by providing additional training facilities for high grade adolescent girls and young women."

Patients proposed for discharge could be presented for the Board's examination by the superintendent of a mental hospital, as could a mental defective by the doctor of a mental hygiene clinic. The main groups examined were psychotics, mental defectives, those with neurosyphilis not responsive to treatment, epileptics with psychosis or mental deterioration, and sufferers of Huntington's Chorea. The consent of the person was mandatory, and in the case of mentally defective persons, the consent of husband, wife, parent or guardian. The Board appointed two Alberta surgeons to perform the operations and issued its written directives only to them. Up to the time of the Blair Commission's studies in 1968, 2572 operations (1082 male and 1490 female) had been carried out.

However, after an evaluation of the manner of operation, the Blair report did recommend revision of the Sterilization Act to increase the number of Board members to five and to draw members from the medical subgroups of psychiatry, neurology and pediatrics, where possible, and to add a "citizen" and a qualified social worker or psychologist. It also recommended that reviews be more efficient and extensive, with more professional technical reports, and that the review procedures be better organized.

The coverage of some medical studies by the press, and public discussion and concern, led eventually to the 1971 political decision to abolish the Board and to repeal the Sexual Sterilization Act in Alberta.

In 1960 a separate and distinct Board of Visitors had been created to investigate and report annually on "the care, treatment and rehabilitation and general attitudes of patients and the general attitude of staff in all institutions administered by the Department of Health", on programs for prevention, and to submit recommendations for improvement. The first members were Dr. W. W. Cross (Chairman) of Edmonton, retired Minister of Health; Dr. H. E. Smith of Edmonton, Dean of Arts and Science, University of Alberta; Mrs. C. T. Armstrong of Calgary. In 1966, the now four-member Board comprised Mrs. C. T. Armstrong (Chairman), Monsignor J. E. le Fort of Calgary, Rev. Dr. E. J. Thompson of Edmonton, and Judge Nelles V. Buchanan of Edmonton, a clear indication of the government's perception of the nature of the Board's work.

Today much the same work is done by the Alberta Health Facilities Review Committee, chaired by a member of the Legislative Assembly, presently Dennis Anderson.

FROM CUSTODIAL CARE TO ACTIVE TREATMENT 1931 TO 1953

The circumstances of history, rather than the efforts of any man or group of men, were the determining factors in the development of the Provincial Mental Institute during the next two decades. World-wide events always influence to some degree the course of affairs in even the remotest of neighborhoods, but in the Thirties and Forties, during which a whole decade of massive economic depression on an international scale was followed by another decade of global holocaust and its aftermath, the direction followed by every one of our social institutions in Alberta was dictated by overwhelming events elsewhere. So it was that, in spite of the unusual bread of knowledge and experience brought to his position as the newly-appointed Medical Superintendent, Dr. W. J. McAlister's aspirations and accomplishments at Oliver were severely restricted by circumstances well beyond his control. His sixteen years at the Provincial Mental Institute started at the beginning of the Great Depression and ended shortly after the Second World War so, as the director of a large institution, he was continuously the victim of shortages. First, the failed economy of the Thirties caused a critical shortage of money and supplies, then the vast demands of war created critical shortages of men and materials. And the shortages did not cease until well into the post-war period. An interesting example of this was a situation in 1946 which necessitated a personal telegram from Premier E. C. Manning to federal Minister of Reconstruction C. D. Howe in order to accomplish the release of five cars of scarce cement from Exshaw for the completion of "essential work at Oliver Mental Institute".

The long period of hardship and upheaval added immeasurable burdens to the lives of everyone. Many succumbed to the unnatural pressures, thereby putting additional strain on those who endured. There is no doubt that such adversity permeated the whole fabric of Oliver – it was, more often than not, the deciding factor in the facilities and services provided for the ill and in the quality and quantity of the staff. In many cases it had been a causative factor in bringing the patients to a mental institution in the first place and it usually determined the kind of care and treatment they received.

Difficult times made significant progress at the Provincial Mental Institute impossible, and those who, like Dr. McAlister and his staff, managed to maintain the status quo were acclaimed for their perseverance, ingenuity and long hours of hard work. To the end of his professional life, Dr. McAlister was prey to the times, for the wartime shortage of doctors necessitated the lengthening of his stewardship of Oliver until the age of sixty-eight, three years past the time of normal retirement.

At the time of the confirmation of his appointment as Medical Superintendent of the Provincial Mental Institute on December 31, 1931, William Jonas McAlister was a doctor of some reputation in Alberta. Born on September 23, 1879, at Shannonville, Ontario, he had graduated from McGill University with M.D., C.M. degrees (Doctor of Medicine, Master of Surgery) in 1910. Nothing is known of his subsequent career until 1918, when he was put in charge of Edmonton's Home for Mentally Deficient Children. After studying with Dr. Fernald at the Massachusetts Training School for the Feeble Minded, he had been appointed Director of the Training School for the Mentally Defective in Red Deer in 1923. To his new position at Oliver he brought considerable knowledge in an important field of medicine and a great deal of experience in hospital administration.

Old X-Ray Equipment
– courtesy of Alberta Hospital Edmonton Archives

Dr. McAlister's reports as Superintendent indicated his deep interest in statistical data as a means of determining trends and thereby developing better methods of patient care, of understanding the many factors having a bearing on the incidence of mental disease, and of appreciating the social and economic losses caused by mental illness. Most of his Annual Reports from Oliver to the Department of Public Health included numerous tables of detailed statistics regarding classification of patients, in which the principal psychoses were correlated with age, education, environment (rural or urban), economic condition, use of alcohol, marital status, cause of death, and condition on discharge.

The data for 1931 showed that of 316 patients, 58% had developed mental disease and had been admitted before the age of 35 and that 80 of those were schizophrenic or cases of dementia praecox (those psychoses ending in deterioration and incurability, today commonly interchangeable with schizophrenia). Furthermore it was suggested that "the isolation and other stresses associated with rural life are greater

precipitating factors in the causation of mental breakdown than any comparative conditions found in urban life", and that economic dependency was doubtless another important causative factor.

For most patients at that time, the Institute at Oliver provided a security and stability they would have found nowhere else. Dr. McAlister's statistics showed that, in 1931, 70% of the patients were from a rural environment and that 80% were more or less economically dependent or in fear of being in want. To them, Oliver was a haven in a frighteningly uncomfortable world.

> When you see a picture of the old dormitories with sixty beds just three feet apart, it doesn't look very good. But none of the patients complained. Many of them came from farms with not good surroundings – log cabins with leaky roofs, where you wake up to ice in the water pail in winter. There was no electric power, no indoor plumbing. Here the patients were always warm and dry and had plenty to eat and a bit of tobacco. It was luxurious compared to what they came from and they liked it.
>
> *– from a taped conversation with*
> *A. K. Wright, retired Nursing Care Supervisor*

During the years of Dr. McAlister's tenure, Oliver was to remain primarily an institution giving custodial care to the chronically insane, an adjunct to Ponoka, where all admissions in the province continued to be screened. Not quite relegated to the position of a poor relation, Oliver played the role of the plain little sister to the older, more glamorous Ponoka. Year after year the movement of patient population "outward" from Oliver was very limited, but new admissions (nearly always by transfer from Ponoka) increased annually and there were increasing numbers of patients who were difficult to manage and treat.

> We were considered a common jail so we got the worst chronic patients from Ponoka. Some were extremely violent, very bad and dangerous. They would sometimes get out and attack the staff. A few patients threw feces all over the walls and themselves, urinating on the floor, which staff had to clean. It smelled bad. They could not be given forks and they had to have paper dishes.
>
> *– from an interview with*
> *Dr. Marika Yakymechko, Physician*

During this era there was a very strong stigma attached to mental illness. Most of the patients, even the more quiet ones, were abandoned by families and friends, many of whom denied their very existence. In later years, the staff were to organize a thorough campaign to locate all the next-of-kin of permanent patients but until the Fifties the familial and social isolation of mental patients was accepted as normal.

> I am making the rounds and I see a bearded man standing looking out the window, a real Jewish patriarch, so I go up to him and say "Shalom". He nearly turned white. The attendant said he'd been there over sixteen years. I noticed he wouldn't eat pork – a touch with reality – so I told the dietician he had an allergy and should have dairy products instead. One night he had a stroke and when I looked at his chart, it said "No next-of-kin". Years later I saw a notice in an Anglo-Jewish newspaper from New York, "Children seeking long-lost father", and it was him. The son was sure he knew what had happened. The old man's family was prominent – one son a doctor, another a lawyer, and so on – so when he had a mental breakdown in Canada, he decided to become a nonentity rather than stigmatize his family. How pride can kill.
>
> *– from a taped conversation with*
> *Dr. D. Landar, Calgary Doctor and Lecturer*

During this time the general health of the patients was remarkably good, with no serious epidemics, few medical or surgical cases (which were sent for treatment to University Hospital, Edmonton, where they became persona non grata because of their behavior), and few accidents of a serious nature. The deceased were mostly elderly, many with a terminal condition. This admirable standard of health was in good measure the result of adequate preventative care, including the services of the government dentist, Dr. A. E. Heacock, and private specialists such as Dr. M. R. Levy, who conducted eye, ear, nose and throat examinations. However, good health was primarily the result of the exceptionally devoted care of the patients by most of the attendants. Emphasis was placed on providing the basic physical needs of the patients through a series of clearly established and closely followed routines. Sleeping, dressing, washing, and eating required constant and vigilant attention from the attendants, and those who remember those days recall with admiration the conscientious conduct of the attendants and their affection for the patients. Staff esprit de corps and pride in work was remarked upon frequently by official visitors to the Institute.

> In the Thirties, a man was brought in as Head Attendant to straighten the place out. He had authority right from the Department of Health and ruled with a rod of iron, with the power to fire. He did his job but he was a real martinet, looked in all the lunch boxes, never took anybody's word. He lived in the Service Building – had a suite on the first floor with a valet.
>
> He was too tight to buy himself a radio. There was an old-fashioned radio in 1B wired to squawk boxes in the wards so he had his suite wired in. The patients liked to listen to hockey but he always wanted KSL in Salt Lake City, and would insist the radio be turned to his station. When he retired, guess what the staff gave him? A radio!
>
> *– from a taped conversation with*
> *George Hall, retired Director, Medical Technology*

Every encouragement was given to the patients to be physically active, and the constructive employment of time and energy in doing such simple tasks as scrubbing, window

cleaning, floor polishing, bed making, etc. was referred to as occupational therapy. Usually about 20% of the patients were unable to do work of any kind, not even in the new rooms opened in 1937 for crafts and making items for display and sale at the annual Edmonton Exhibition.

Caring for the physical illnesses of the patients, always a problem at Oliver because of lack of space and untrained staff, was somewhat alleviated in 1934 by the appointment of a full-time graduate nurse, Francis Cook (bringing the number of female staff to three, including a stenographer and a laundress). A small infirmary was established in one half of one of the large dormitories in No. 2 Building, the other half used as a dormitory for epileptics. But by 1936, the nurse was seriously overworked. She was in charge of nursing in both the infirmary and on the wards, where over 500 male patients could be accommodated, and she did not enjoy the services of a colleague for either relief work or night duty. However, a series of lectures for staff from a standard text book on "Mental Nursing", followed by examinations, had been started in 1934. This was not undertaken with a view to issuing nursing diplomas, but it did aid in the maintenance of a satisfactory standard of hospital efficiency and developed a keen interest among staff members regarding their knowledge of psychiatric nursing and mental problems in general.

A typical Shack Town "home" before it was demolished in the Sixties.

– courtesy of Mrs. Cardinal

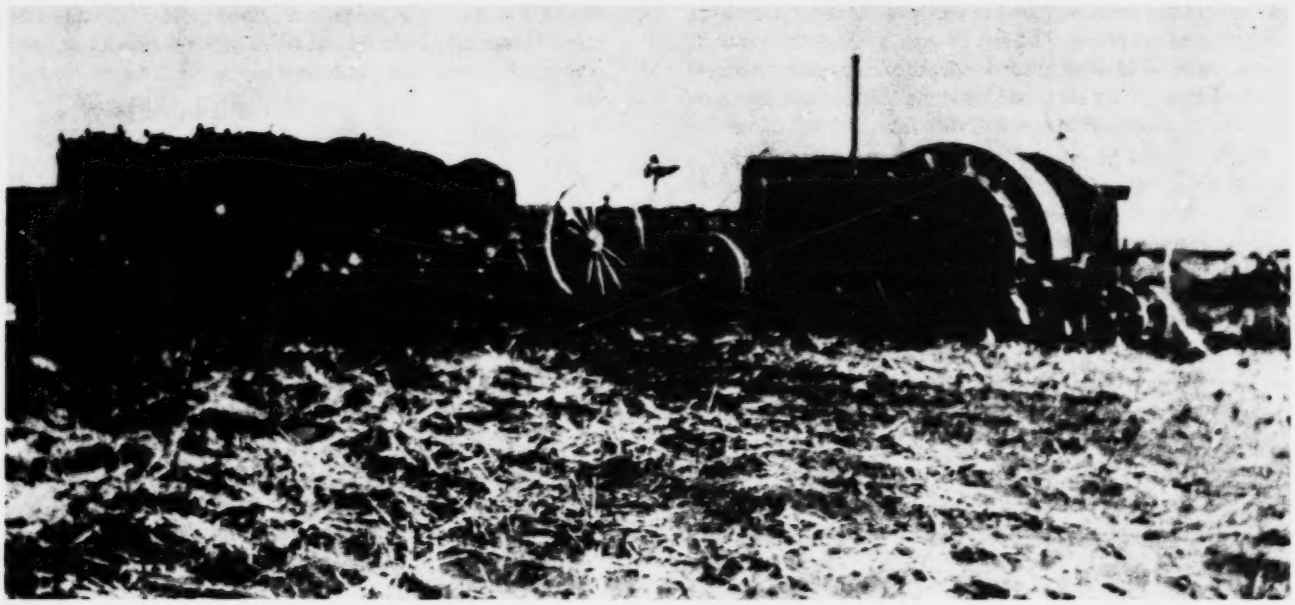
Recreation for patients and staff was considered important but it was confined to seasonal activities, and simple unorganized events like kicking balls back and forth. To everyone's dismay, Dr. McAlister, who was not enthusiastic about sports, had the golf course plowed under, but the most crushing disaster was the inability to show moving pictures for two or three years – no silent films were available for the Institute's old projector, and there wasn't the money to buy equipment to show "talkies". With the addition of nurses to the staff in the Forties, dances became more exciting but the nurses were allowed to dance with patients only! For some patients there were other interests.

> Shack Town grew from all our left-over parts and pieces because right behind our shop we had a burning pit for scrap and a lumber yard. Patients would sneak in to get some lumber or some tin or cardboard – they needed something to call their own, a little privacy, their own little home and their own little town.
>
> The first shack was an old trapper's and it grew from there. He used to go across to the lake over the tracks to trap and he was famous for making this muskrat stew which he'd bring over when the men were working shift at night. It wasn't too popular – some said it looked like the heads were still in! He'd skin the rats and my father would take them into town to sell for him. He also had a still for home brew. Nothing too bad happened there. It served a useful purpose.
>
> *– from a taped interview with Jeff Thornell, Painting Supervisor*

Until 1935 the 900-acre Oliver farm had been operated by the Department of Agriculture, with a variety of specialists providing their expertise on various aspects of farming. It had incurred an annual loss for a number of years. Because it was felt that, through a coordination of services between the Institute and the farm, a greater contribution could be made by the latter towards the work of the Insitute as a whole, the farm was transferred from Agriculture to Health and incorporated as a department of the Institute.

In March of 1936, the farm was put under the supervision of Farm Manager Jim Shearer, who, with his wife, Bessie, lived there for 26 years. As a result of capable, practical, on-the-spot management, the farm immediately began to turn a profit ($2,130 in the first year) and became an important source of income for several years. Its greater value, however, was as the provisioner of a quantity of fresh, wholesome meat, eggs, milk and vegetables for the Institute, as an employer for a moderately-large farm staff during the Thirties and after, and as an accessible location where patients could enjoy in safety a few simple, healthy outdoor tasks.

A good standard farm from the opening of the Institute in 1923, it was expanded into a fully modern operation during the following three decades. There was continuous improvement of the facilities, necessitating much major construction and constant alterations and maintenance. Good homes and living quarters were provided for the Manager, his two assistants and the 14 hired men, and dormitories were provided for approximately 25 patients. The dairy processed milk from up to 90 cows, the hog farm butchered enough pork to trade the surplus for beef from Ponoka, the poultry farm provided huge quantities of eggs and meat, the hay fields provided feed for the stock, and the vegetable gardens produced enough to sell to other institutions, sometimes enough for canning in Ponoka. Until the morning when 23 sheep were found dead, torn apart by local dogs, mutton and



From team to tractor on the Oliver Institute farm.

– courtesy of J. Shearer

lamb were provided. From 40 acres of potatoes supervised by Gardeners Paton and Blakely, 116,000 bushels were harvested annually. There were other operations, like fox and turkey farming, and tree nurseries. The vast amounts of produce fed patients and staff very well, some to excessive plumpness, but, although relations with neighboring farms were generally excellent, there was a worry among some local market gardeners that the success of the Oliver farm was costing them the opportunity of selling their own produce to the Institute, a serious concern in hard times.

The farm is still remembered with great affection by its staff and doctors, attendants and patients.

> It was very interesting work. The patients were no trouble, but some had peculiar little habits. My first experience with a patient was with a fellow who asked me for a chew of tobacco. I was a heavy smoker so I showed him what I had and he grabbed the whole pouch and stuffed it in his mouth.
>
> We tried to figure out what the patients liked to do and we let them do it if they could handle it. Usually weeding or hoeing or raking. Some cared for the cows. They never milked, but we had the cleanest farm and best curried cows anywhere.
>
> I had one or two scares but that's all. An old man disappeared one time while hoeing amongst the trees. He was a nice old fellow, an ex-serviceman, but he didn't know what he was doing so we just let him hoe around the trees so he couldn't hurt anything. Well, I heard that his body was found at Namao and he was buried. I felt sorry for him. Then three or four months later, I was working in the garden in the evening and I heard the darndest holler. I jumped, really scared, and went in and found the old fellow. There he was, he'd put on a lot of weight and was looking good. "Where the heck have you been?" I asked him, and he said, "I dunno" and he had no idea at all.
>
> The patients loved the farm. In the early days they came in a democrat to haul milk to the hospital. Sometimes I had to buy a new cow to get enough milk – a lot went into soup. The patients loved to work there, and when it closed, many of them broke down. Everyone was disappointed, the whole countryside, including the doctors.
>
> *– from a taped conversation with Jim Shearer, retired Farm Manager*

When the farm was discontinued in 1963, it was a matter of great regret. With the exception of two bad years, it had been consistently productive and certainly economical after 1936. In 1943, it produced enough to be able to net $2,611.50 from the sale of potatoes, parsnips, carrots, turnips and cabbage. The 1947 statistics showed the production of:

milk	751,210 lbs.	barley	300 bu.
pork	51,953 lbs.	turnips	100,723 lbs.
beef	20,108 lbs.	beets	46,240 lbs.
potatoes	547,980 lbs.	greenfeed	107¾ tons
oats	3,404 bu.	flax	100 bu.
wheat	629 bu.	hay	155 tons

The farm paid the more valuable patients, placed on special parole, some remuneration for their services. It had seen the transition from animal labor to mechanization, and some thought this may have been a factor in deciding its operation was not compatible with that of a mental institute. Other reasons given for closure were increasing expenses, the

greater value of the land, the acceptability of "using" mental patients as a source of free labour, and the questionable practice of a government institution being in economic competition with the private sector. Probably the most critical was the discovery of TB in the dairy herd. Many health care professionals still question whether any or all of these factors balanced the unique assets of providing pleasurable activity and useful employment for many patients.

Medical staff during the Thirties was scant. It was argued that the lack of money made unnecessary the expense of maintaining several doctors whose need was not that important to patients in a chronic care hospital. In 1936 Dr. David Landar, a new graduate from the University of Alberta Medical School, decided to accept a salary of $137 per month, plus board and room, to be the lone resident physician at Oliver.

> When I arrived, Dr. McAlister looked me over and said, "Fine. You'll be acceptable. There'll only be the two of us and most of my time will be taken up doing administrative work. You'll be the resident physician and here's what you're to do. Every morning you hold sick parade, fifteen minutes or half an hour at the most. Then you write a two-line progress report on every patient, every six months. And you're to go to the dining room every day at meal times and sort of smell what's cooking." Then he gave me a big ring, about six inches across, with huge keys, and told me I was at liberty to visit the wards. That was it. I wasn't to do anything else, no treatment, no nothing. I was bored. So I arranged to take four university courses and, while I was employed at Oliver, I got a degree in Pharmacy!
>
> *– from a taped conversation with Dr. D. Landar, Calgary Doctor and Lecturer*

After Dr. Landar's resignation in 1938, Dr. W. L. Valens returned as Assistant Medical Superintendent and Dr. Sidney Spaner was appointed junior doctor. They began a presentation of staff lectures on medicine, after which examinations were held, an effort beneficial to the standard of patient care.

Therapeutic facilities remained limited for many years, the excuse always being that the nature of the patient population made active treatment unnecessary, if not impossible. In 1939 some patients were given "shock" therapy, the results of which were "dubious as the majority soon lapsed into their previous vegetative state". Nevertheless, when a demonstration was put on for visiting members of the Academy of Medicine in 1939, "all were loud in their praise of what is being done in the treatment and care of our patients, having in mind the chronic nature of the psychoses from which practically all are suffering".

After the appointment of Dr. C. H. Hemmings to the medical staff in 1941, his efforts enabled the Institute to boast a new Laboratory, an enlarged Surgery, and a small Morgue for autopsy work. By 1942, there was, finally, an X-ray and enough equipment to enable Dr. Hemmings to undertake major surgery, a development which came to a halt within a year with his resignation.

> At first anybody on the sick ward in 2B, where the first X-ray was, in a very tiny room, was expected to operate the X-ray. There was one book that went along with it and I guess I read it and I suppose my pictures were better than anyone else's. So Dr. Hemmings asked me if I was interested in taking the training, which I did. I took my R.T. in X-ray.
>
> Then Dr. Schrag taught me to do a little lab so I was doing X-ray and lab. A way back in those days there wasn't enough of either one to keep a person busy all the time so I also helped dispense drugs – they had no pharmacist in those days. And I used to help with autopsies and I also used to give all the staff their TABT shots. I finished my psych training after the war because even though I was in X-ray and lab by them, that training was invaluable in handling the patients.
>
> *– from a taped conversation with George Hall, retired Director, Medical Technology*

No. 5 Building Airing Court, showing Dr. MacPherson, Dr. Thiele and Mrs. Sinclair with patients.
– courtesy of Mrs. J. Masson

By the end of 1942, there were only two doctors on medical staff, Dr. McAlister and Dr. A. Ralph Schrag (after whom No. 12 Building was named), for the others had either resigned to go into private practice or had enlisted in the armed forces. Onto their shoulders fell all the acute wartime

problems of medical care and administration for between 900 to 1,000 patients, plus the greatly increased volume of work at the Mental Clinic in Edmonton, taken over by Dr. Schrag, and the police court, university lectures, and Attorney-General's Department's tasks handled by Dr. McAlister. When he was seeing patients at the City Police Station, Dr. McAlister would often conserve time by arranging to interview potential staff there so as not to let any opportunity to hire staff slip by.

Several now-retired staff remember Dr. McAlister's great dedication to the entire field of mental health and his deep personal interest in Oliver.

> Dr. McAlister and his wife had a house on the grounds but he seemed to be right at the hospital twenty-four hours a day. He liked puttering around the plants in his flower garden in the evening. and afterwards he'd peek in the windows to see what was going on, or he'd slip in unnoticed anywhere at any time. It was comical, such an interest. He had the habit of wearing an old torn brown sweater and an old pair of pants and shuffling around in soft slippers. There's a cute story about that. One night there was a movie and staff had been told to keep the patients sitting down, always a hard thing to do. McAlister went in and being a short little guy, kept standing up to see. Finally a new attendant pushed him into a chair, saying "For Christ's sake, sit down!". When McAlister said he was the Superintendent, the Attendant replied, "Yeah, that's what they all say!"
>
> Dr. McAlister knew every patient by name, and he always supported his staff. There was wonderful esprit de corps then, from the top on down. At Oliver, senior staff went to great pains to help junior staff, and it was that way from the beginning and still is today.
>
> *– from a taped conversation with George Hall, retired Director, Medical Technology*

For most of the depression and war years, there were severe problems in adequately staffing the Institute. Money was in short supply at the height of the Depression, so the government initiated severe cutbacks, such as the freezing of wages, "voluntary" contributions, longer working hours, and charges for services like uniforms, etc. The average working day was 12 hours long. At a time of widespread unemployment in the Thirties, these actions had been accepted because even a poorly-paid job was better than none, but they had caused financial hardship and heavy work loads for the attendants. With the war effort and the increasingly healthy economy, the staff situation reversed itself from too many men for not enough jobs to not enough men for very unattractive jobs. In 1939 alone, eighteen staff members, many of them the most experienced, enlisted in the armed forces. The staff newsletter, called "Oliver Notes", published a list of those who had joined up as of December, 1941. It read as follows:

LADS ON ACTIVE SERVICE

W. E. Morgan
E. W. Ross
W. Rees
W. Raistrick
W. Slavik
J. J. McCaskill
C. H. Davis
J. A. Arnott
G. E. Goodall
A. Loughlin
R. S. Hancock
W. Rodway
G. E. Foster
J. M. Baird
C. Airth
J. R. Peterson
A. J. Witham
A. Gustafson
D. Galbraith
F. Karpluck
R. McVetters

LADS SERVING IN CANADA

Dr. S. Spaner
J. P. Dunn
F. Mather
P. J. Rowan
D. D. Smart
A. W. Broderick
R. Robertson
A. L. Reid
F. D. Johnson
J. Brenton
J. L. McNamee
W. Young
R. Clegg
J. Jones
E. J. B. Lory
N. R. Whitson
A. T. Harries
W. J. Harrow
W. Allanach
W. J. Smith
C. R. Duff
J. A. Sinclair
S. Jeffels
H. Frerichs
E. Booth
J. Acker
J. B. McGuire
J. Bloehlinger
J. McPherson
G. W. Schultz
A. Fletcher
A. T. Foster
J. McWilliams
G. E. Smith
D. L. MacDonald
D. Thompson
B. Foster
J. Mair
S. Johnson
J. McKeown

These men were greatly missed and by 1942 the frequency of staff turnover was alarming, with 125 appointments and 137 resignations in that one year. As Chief Attendant F. Booth reported in a memo to Dr. McAlister in 1943, "I have kept in close touch with the National Selective (Service) Board and begged for men. They have, as you know, sent out men who have scarcely been able to write their own names, let alone fill out an application form. When I have asked that men be sent out with at least the equivalent of Grade VIII education, they state the wages are too poor and they just cannot get men interested to take the work . . ." Throughout the year, Mr. Booth bombarded Dr. McAlister and the Department with pleas for better conditions, again in 1943 writing, "The attendant staff full strength is sixty-nine. During the past ten months it has been considerably below strength. 1B, 1C and 4 C wards are operated by one attendant at least three days per week and the remainder of the wards are also shorthanded all the time. On nights, 1A and 3A wards are entirely without attendants. These wards are being supervised every half hour by attendants from B wards enroute to punch the clock. The Sick Ward is loaded to capacity with bed patients and frequent calls are, of necessity, made upon the shorthanded wards for assistance, further aggravating conditions on these wards. The Dining Hall during meal times also lacks proper supervision. Chronic patients must be given special attention leaving the Dining Hall attendant to supervise, alone, the rest of the patients. The general shorthandedness and lack of very necessary super-

Rare aerial photograph of Oliver Mental Institute, taken prior to World War II.

– courtesy of L. Markwon

vision is the cause of ever increasing fighting amongst the patients and the upsetting of general routine work. The Staff is feeling the extra strain imposed upon it and is very discontented, so much so, that we have a continuous shortage of experienced, or even partially experienced men. This fact is making the burden carried by the Ward Charges still greater and does not lend itself to the welfare of either the patients or the attendants."

Through the efforts of Mr. Booth, working through Branch No. 6 of the Civil Service Association of Alberta, the eight-hour day was eventually brought back at the end of 1943, with the Oliver staff trying an experimental hours-of-work system before its incorporation into other branches of the civil service. Throughout the war years, staffing problems remained acute and Dr. McAlister developed the habit of going to a potential employee's home to conduct his interview. The generally low level of proficiency among new staff, mostly elderly and/or uneducated and disinterested, and the excessive rate of turnover, placed heavy burdens on the nucleus of well-trained, experienced personnel who had remained at Oliver. They nevertheless managed to "carry on" for the duration of the war, and Dr. McAlister continued to press the government for better salaries and working conditions for his staff for several years thereafter.

In spite of everything, the morale at the Institute was usually high. Frank Booth, a veteran of World War I, kept "Oliver Notes" going, including in each edition information about union activities, news from and about men in the services, descriptions of social activities among staff families and of the successes of the Oliver Ladies Auxiliary in collecting money to send cigarettes and Christmas parcels to those overseas. Copies were sent to all staff in uniform. In the July, 1942, "Oliver Notes", he wrote, "We thought you might like to hear what our friends of the Oliver Ladies Comforts Group have been doing and the following is a report of its activities from October 1941 to April 1942. There were two dances held and in addition a lunch counter was operated every second week at the skating rink. The proceeds from the above events were used to send Christmas parcels to 17 of our boys who were overseas that that time. There were also 12 quilts, filled with wool, made, and one was donated to the Group. These were sent to the Red Cross and the Navy League. The ladies also supplied emergency comforts to a neighbouring family whose home was burned up, and a donation of $12.00 was given to the War Prisoners' Fund through the Red Cross. Congratulations, ladies, well done. In closing, may I say the opportunity granted me to write these notes has brought me pleasure, like the writing of a letter to an old friend, and so now, Au Revoir and to the absent lads – 'till we meet again". A former Housekeeper, Mrs. Chris Gibson, remembers that as a member of the Ladies of the Cottages, made up of the womenfolk of staff living on the grounds, she helped produce one quilt per week all during the war years.

Through the efforts of Branch No. 6 of the CSA, Oliver employees obtained a loan of $2300 from the Provincial Government in December, 1938, in order to buy a bus. To legalize the arrangement, the Oliver Employee's Society was incorporated. Five years later the Society's President, Owen Hughes, proudly reported the possession of two fully-owned buses, with complete insurance coverage, and a surplus of cash in the bank. Today, with transportation still not a condition of employment, the staff owns and maintains three green and yellow buses, charging $1.25 for a one-way ride to Edmonton.

The last extant copy of "Oliver Notes" (May, 1944) noted, "Saturday evening, April 29th, was our last get-together of the season, and we think it was one of the most enjoyable. On this occasion, permission had been granted by our Superintendent to use the large dining hall, which was prepared by Mel Hunter who, with his helpers, did a splendid job. The transformation of this hall was wonderful and the floor reflected the most pleasing shade of red. Everyone was highly delighted with the ease with which one could move around while dancing. The hall, being situated apart from the rest of the buildings, made an ideal place for dancing. The forepart of the evening was spent playing bingo, with a donated prize for every game, and I do know of two ladies, wives of our members, winning three prizes each. Quite a profitable night, eh, girls? The younger set had their hearts set on dancing, so we gave them all the latest music from Waltz to Jitterbug. After the Bingo everyone joined in the dancing which was really kept moving until midnight. As the dancing concluded and the "eats" commenced, everyone was feeling happy and did justice to the coffee, sandwiches and cakes. Our grateful thanks are due to the Ladies Auxiliary which has worked so unselfishly to obtain funds whereby to supply comforts to our members overseas. And I think it would be very encouraging to this hardworking group if they could have a little more cooperation from some of the senior members of our staff who, it seems, have no intention whatever of allowing any contribution to the war effort to disturb their mode of life. I have often wondered what the old gang overseas would really think if they could only know the "extent" of the effort put forward by some of their former buddies. No doubt, they would be disgusted as I am."

It was the serious overcrowding at Ponoka which led to the most significant change at Oliver during this era. The Institute was opened to female patients! And this, of course, meant the introduction of nurses to the treatment staff.

The ratio of hospitalized mental patients in Alberta had shown a steady increase (156 per 100,000 in 1921, 328 per 100,000 in 1937) and an ever-increasing percentage of the general population was falling into the older age groups, with greater proportions of senility apparent. In all institutions for the mentally ill, overcrowding dominated all considerations and congestion on the chronic wards was especially intense. All available space in the wards and corridors of Ponoka was used for beds, many for chronic cases. To relieve the situation, an addition for 50 patients had been added to No. 3 Building at Oliver in 1935 and a new Dormitory Building for 176 patients had been constructed between 1936 and 1937. However, the most important physical addition was No. 5 Unit (Women's Building) to accommodate "refractory psychotics, epileptics and low-grade defectives of the problem type". Begun in 1940, the first floor was completed and ready for the occupancy of 70 patients in March, 1942; two wings on the second floor were opened to some 40 additional female patients in 1943, and nurses were accommodated on the third floor. Mrs. Ivy Carnegie and Mrs. Nellie Tighe were in charge of 5A and 5B respectively. (Due to staff shortages, the finished third floor remained unoccupied by patients.) By the end of 1944, there were 181 female patients in a population of 1,071.

To this new facility came Rachel H. Young, convinced by Dr. R. R. MacLean, then the Director of Mental Health, to take the position of Matron as a replacement for Emma Latiff, who was accompanying her husband to his station at the Esquimalt naval base. Mrs. Young had been a graduate of Ponoka's second class in the four-year psychiatric nursing program, and had had experience as student, nurse and teacher. She was to become a fulcrum for the development and growth of the highest standards of psychiatric nursing in Alberta, and her twenty-eight years of devoted service at Oliver was recognized at the dedication of the Rachel H. Young Pavilion (No. 8 Building) on March 28, 1981.

Rachel H. Young
– courtesy of Alberta Hospital Edmonton Archives

"In 1942 the first Women's Building opened. At that time I was on my way back to Essondale where I had accepted an instructor's position. But they needed a Matron at Oliver and Dr. MacLean convinced me. When I asked the Medical Director what my duties would be, he replied, "The duties of the Matron and other associated responsibilities." I hadn't the vaguest idea. But I soon learned I was chief cook and bottle washer. In those days the young nurse was quickly pushed up to head nurse and supervisory positions – long before she had time to become a skilled practitioner.

"Well I remember the arrival of the refractory group of women patients from Ponoka. They arrived in vans,

clad in strong dresses and mackinaws and wearing oversize galoshes. Some were in restraining jackets. The building they entered was almost an exact replica of the one they left. True, we had an elevator, a sedative pack and sedative bath unit, shatterproof glass and 72 seclusion rooms. The building was outmoded within a few years.

"The challenge was the patient of long duration who not only suffered from illness but had the added burden of her own reaction to an authoritarian, depersonalized environment.

"The gradual rehabilitation of that group was the most heroic effort of all times. Some returned to contented living in a protective hospital environment. Some returned eventually to home or community. Intuitively we had understandings and approaches which we later were able to teach to affiliates and others."

– from "Heritage of Service", 1981 address by Rachel H. Young

In the 1943 Annual Report, Dr. McAlister wrote, "The nursing personnel, on the whole, has carried on acceptably although we have found it practically impossible to place this department on an adequate basis. We have been able to secure a number of nurses and ward aides, but it has been most difficult to retain their services for any length of time." Apart from the difficulties of staffing in wartime, an underlying cause may have been the location of nurses' quarters directly above the patients in No. 5 Building, where noise and other disturbances made sleep for night duty staff nearly impossible.

During 1944 the Institute was almost 50% under-strength in nursing service, and work had to be done by a skeleton staff assisted by ward aides. The latter group was built up with a group of young women who showed considerable competency and interest in their work, among them Mrs. Betty Wentworth, a Nursing Head Nurse until her retirement in 1982.

In 1945, to meet the needs of the patients, a three-year course was established for the training of psychiatric nurses at Oliver. By 1948, ten men and two women had been prepared for graduation and were granted certificates in Psychiatric Nursing (R.P.N.) by the Department of Public Health. The Class of '48 included F. Mather, L. Martell, Mrs. H. McLaren, Mrs. G. Smith, F. Booth, G. Burdess, J. Lenihan, M. Schedlosky, P. Roggeveen, W. Raistrick, F. Simpson and K. Tettelaar.

It may seem irrelevant to nursing education to talk of oil but the 1947 discoveries at the Leduc oil field had profound consequences on all professional services in the province of Alberta, not least on education and public health. The flow of money which accompanied the flow of oil made possible the fulfillment of many fine dreams. Among them was Dr. Baragar's ideal of providing courses in psychiatric care for students in the Registered Nurse program. In 1949 the first group arrived at Ponoka from Lamont to participate in a trial affiliation, an eight-week experiment which has now become part of the education of every graduate nurse in Alberta.

By 1950 all members of Oliver's attendant staff were required to take the three-year course or leave the service by the end of the year. The lectures, conducted by senior nursing and medical staff on various wards, were attended by ward

An anatomy class with Miss M. J. Kyle. c. 1958.

– courtesy of Provincial Archives of Alberta

Class of '48, the first graduates of the 3-year R.P.N. Course at Oliver. Seated (l to r) J. Lenihan, M. Schedlosky, P. Roggeveen, W. Rastrick, F. Simpson, K. Tettelaar. Standing (l to r), F. Mather, L. Martell, H. Lockhart, G. Smith, F. Booth, G. Burdess.
–courtesy of Alberta Hospital Edmonton Archives

aides, bringing the student count up to eighty in some classes. Mrs. Rose Sinclair, an instructor, remembers the problems when so many were not conversant in English and had so many different cultural and educational backgrounds.

Dr. McAlister continued his pleas for improved patient care and staff working conditions by making unending proposals for a Nurses' Residence, a recreation hall for physical therapy and religious services, a properly appointed admissions ward, an administration unit, a hospital unit for TB and other contagious diseases, a building for juvenile delinquents, increased salaries, more equipment and better staff. Fortunately, times were changing in his favour. The postwar period of shortages, readjustments from wartime conditions and general confusion was coming to an end.

Money, materials, workers and time were all more available than at any period since the Twenties. 1947 saw the opening of the first library at Oliver, and the first beauty parlour, both morale boosters for patients and staff alike. The first full-time dentist, Dr. W. H. Scott, was appointed. A ward for 100 female patients and a building for juvenile delinquents were constructed, and a school program for the young offenders put in place. Changes took place in Nursing staff, with Mrs. Young, who was taking several years leave for family reasons, being replaced by Miss Rose F. Meyer. When Miss Lynne Burghow took educational leave in 1949, Mrs. Rose Sinclair took her place as Assistant Matron, becoming Acting Matron in 1950 when Miss Meyer went to visit in England and Matron in 1951 after Miss Meyer's death there.

Overcrowding at Ponoka, again a matter of extreme urgency, forced a reappraisal of Oliver's status. With the additional new facilities and the reasonable expectation of the greater availability of trained staff in all areas of treatment and operations, the Provincial Mental Institute now drew closer to becoming a major active treatment hospital.

The changes from custodial care to active treatment were gradual and certainly not the result of a sudden, decisive change in policy in the Department of Health or the Mental Health Division. From the earliest days of his tenure as

Medical Superintendent, Dr. McAlister had urged such changes, writing in his 1941 Annual Report, "The opening of the Women's Building will prove a distinct step forward, not only from the institutional point of view, but also as a means of relieving the acute congestion in Ponoka. And here, permit me to again suggest the need for placing the hospital on a proper basis for the care of acute cases, a step that will eventually have to be made for obvious reasons. Such a step, however, would call for an admission and treatment building, as facilities for such are practically non-existent in our present set-up. With these, together with proper hospital facilities not only for acute medical and surgical cases but also for contagious diseases, particularly Tuberculosis, the Provincial Mental Institute would be in a position to serve practically all the needs for the northern half of the province and at the same time provide those much needed facilities for student training, now so sadly inadequate considered in terms of the increasing gravity of mental disorder and what modern psychiatry has to offer today's medical graduate."

After Dr. McAlister retired in 1947, his successor inherited the supervision of a large physical plant caring for 1258 patients, and employing a medical staff of 5, a dentist, 10 graduate nurses, 6 female nurses, 52 ward aides for female patients, 110 male attendants, 2 occupational therapists, a laboratory and X-ray technician, a business superintendent with a staff of 9, a tailor and 2 seamstresses, a shoemaker, 12 bakers and cooks, 7 laundry workers, 13 gardeners, 17 engineers and mechanics, and 30 other employees (the latter would have included a full-time dietician, Mrs. McLeod, a replacement for the first dietician, Miss Sylvia Rowan, who stayed only one year, and the barber, Mr. Charlie Kellett).

In the 1947 Annual Report, the Institute's annual expenditures and revenues were listed for the first time in many years.

Administration	$14,803.54
Professional Care of Patients	260,527.02
Occupational Activities	5,684.96
Kitchen and Dining Room	143,417.61
General House	39,137.45
Transportation	4,264.60
Garden and Grounds	1,693.61 cr.
Stores	4,055.00
Inventories	11,898.83 cr.
Net expenditure	504,597.57
Hospital Days	462,371
Cost per Patient per day	109.1 cents

Alexander Donald MacPherson had been born in Vermont, U.S.A., on June 17, 1900. He grew up in the Ryley district of Alberta, where his father was a United Church Minister. A 1929 graduate in medicine from the University of Alberta, he joined the medical staff at Ponoka in 1930 and became Senior Medical Officer in 1936. In 1939 he went on active service with the Royal Canadian Army Medical Corps, rising to the rank of lieutenant colonel before his discharge in 1946. While serving in western Europe, he was awarded the Distinguished Service Order as a result of organizing his ordinarily non-combatant unit to successfully fight its way out of an enemy encirclement. After a year's post graduate work at Colorado Psychopathic Hospital and as Senior Psychiatrist at the Col. Mewburn Pavilion in Edmonton, he was appointed Medical Superintendent of the Provincial Mental Institute in 1948, a position which he held until his retirement in 1966. During his eighteen years at Oliver, he remained an active member of the Alberta Psychiatric Association, the Royal Canadian Legion, the Masonic Order, and the Alpine Club of Canada. He maintained his connection with the reserve army until 1964, being Assistant Director of Medical Services for Western Command.

Dr. A. D. MacPherson

- courtesy of L. Markwort

By the time Dr. MacPherson took charge at Oliver, changes were taking place at the Institute with increasing rapidity. The doctors and some of the attending staff were more keen than ever on expanding active treatment, the attainment of this objective being greatly facilitated by the opening of the newly completed TB Building on July 1, 1952, after four years of construction. The addition of the second wing to the first-stage structure resulted in a Y-shaped building, for maximum sunlight and air, of fireproof construction and containing a number of small wards and service

sections. A Recreation Building, to be called Cameron Hall after Charlie Cameron, with laminated wood truss giving a clear span of 40 feet, was also opened. New service buildings were erected, including a fire station and an incinerator. Just one year later, in 1953, the new Administration Building, partially faced with native stone, was completed and occupied, the new Nurses' residence was in full use, and the capacity of the power plant raised to 2000 K.V.A.

The new TB Building had 196 beds. To it were sent all tuberculosis patients from the other mental institutions in the province, so they could be adequately guarded and efficiently treated, under the supervision of Dr. Violet Meyers, thus solving a long-standing problem in medical care. Equally as important, the building contained facilities for surgery, with well-equipped operating rooms. This facility permitted surgical operations to be done right on the premises, reducing the number of referrals to Edmonton's general hospitals, where holding facilities for mental patients were inadequate. Thereafter only major surgical cases were sent to the University Hospital. In 1953 seven appendectomies were performed, the first surgery at Oliver for a considerable time.

Successful surgery owed much to the high level of professional competence achieved by that time by the medical support services. During the ten years since the arrival of the first staff operated X-ray machine (a small, second-hand model bought by staff with $900 left over in the drug fund, much to "downtown" displeasure and staff delight) a great deal had been accomplished. Mr. Hall had been given the assistance of a laboratory technician in 1948 and modern facilities in No. 8 Building in 1950.

In 1949 a University of Alberta graduate, Mr. McLuhan, became the first B.Sc. graduate to join the Laboratory Department. The work done there and in the X-ray Department increased dramatically each year, in 1952 the Lab making over 10,000 examinations, an increase of 45% over 1951, and X-ray doing short-wave diathermy in addition to over 4000 examinations, an increase of 30% over the previous year. An E.E.G. technician hired in 1952, Mr. Paul Williamson, handled the electroencephalography at both Oliver and Ponoka, doing 172 E.E.G.'s and 77 E.C.G.'s at the Institute during the year when he started.

In spite of advances in mental health care, nursing on the wards remained a most difficult and demanding job calling for all the personal resources the nurse could summon.

The male and female patients were strictly segregated and so, with very few exceptions, the male and female nurses had little professional or personal contact with each other. Nevertheless, methods of treatment were nearly identical and routines on the wards were very similar.

> When I was a student nurse in #9 Building in 1950, there were about 90 patients in a ward, cared for by 5 nurses (including the head nurse) on the morning shift and 3 nurses on afternoons and nights. The first shift started at 7:00 a.m. and the patients were already up. Some nurses prepared mild sedatives and other medications for the patients while the rest served breakfast from the trolleys. Usually hot cereal – porridge or Sunny Boy – toast and ham and coffee, with a boiled egg once or twice a week. Many of the patients liked to help and we let them do the chores they preferred because they took pride in it. Of course, it helped us a lot, too. Some washed dishes, others made beds, a job they did exceptionally well, or folded laundry, another job that some did very carefully and with a lot of satisfaction. Some helped to wash and polish the floors. There was a general cleaning once a week, and the patients helped the junior nurses and aides move beds, wash and wax the floors, and so on. Everything was kept very clean with the help of the patients. Most liked it that way – nobody ever forced them to work.
>
> After breakfast cleanup, the nurses looked after the prescribed treatments, took some patients for therapies like electroshock, and others outdoors in the airing courts or for walks or to O.T. Some patients were bathed. There was no set schedule for that – they were bathed according to need. There was not much privacy – three tubs in the bathroom and one shower – because we had to rush them through if we were to get twelve or so patients done in an hour.
>
> By 11:00 a.m. it was time for the nurses to take turns for their lunch, and dinner was served to the patients at 11:45 a.m. Vegetables, often turnip or parsnips, potatoes, some meat, often meat loaf or steamed fish, rhubarb or bread pudding, and coffee. Again the patients helped clean up. If it was nice weather, the patients would be taken to the airing courts or for a walk. If not, they'd play cards in the day room or perhaps some would lie down. They were discouraged from sleeping in bed: in fact,the dorms were locked. The nurses were usually too busy to socialize – they were busy washing windows, cleaning lockers, writing up notes and reports. At the end of each shift, there was "sharp count" when we accounted for all utensils, spoons, knives and forks, and then the afternoon shift came on at 3:00 p.m.
>
> While the senior nurse made rounds, the others prepared for supper. Medications were prepared, and dispensed at 4:00 p.m., temperatures were taken, linens were prepared. Supper was after that, usually soup, two slices of bread and dessert. Stews came later, in the Sixties. There was seldom anything green.
>
> The dorms were opened around 7:00 p.m. and some went to bed. But a large number of patients went for recreation from 7:00 p.m. until 9:00 p.m., usually to the ball field in summer, where most were observers rather than participants. If there was a dance, they'd go as a group with another unit. There was an evening refreshment at 8:00 p.m., usually bread and cocoa or hot chcolate or milk, and whatever medication was needed was given then. Bedtime was at 9:00 p.m.
>
> The night staff came on at 11:00 p.m. and did rounds, a patient count and a sharp count. The senior nurse wrote a 24-hour report, a summary of the previous two shifts.

Oliver St. Pats Soccer Club, 1964.
– courtesy of T. Monaghan

Two night jobs weren't too popular. One was melting old soaps in water to make liquid soap, and the other was counting the dirty linen, every piece, and sorting it into piles, tying it in sheets, and sending it to the laundry at the end of the shift. During the night, those patients who needed to go were taken to the bathroom, the "parades" being once or twice a night.

I believe we never refused a new admission, no matter how crowded it was. There was a storage room of mattresses and when one was needed, we'd put it on the floor if there were no more beds. Then we'd ask a cooperative patient to give up her bed for the night so the new admission could have a bed, and the old patient would take the mattress. There was never a time when a patient slept on the hard floor or two to a bed. One night I especially remember, we had 120 patients sleeping in our one unit – several years later it was considered comfortable for 30.

Night shift got the patients up and mostly dressed, and the day started again. It was hard work – we were always short of staff – but very rewarding. Often good relationships would develop between nurses and patients, at least on the female side, and a nurse would take a patient home with her as a special treat.

– from a conversation with
Mrs. Edith Greene, Head Nurse

It was the care of the extremely disturbed patients, relatively few in number but by far the most difficult to manage, that called for the utmost devotion and dedication from the staff.

Still very much a regimented institution, there were a number of regular daily events which became very important to patients and staff.

The main tobacco that was smoked by the patients was Air Mail Tobacco – and it stunk! The patients would line up in the middle of the ward floors and the Ward Charge would say, "Tobacco, boys!" and he'd have a great big pail filled with tobacco. They'd hold their left hand out and get a big pinch of tobacco and they'd hold their right hand out and get half a dozen cigarette papers. Then they were moved to one side to get their smokes. It was the quietest time of the day.

– from a taped conversation with
Reginald H. Smith, retired Psychiatric Nurse

Another regular routine was performed for many years by George the horse, who delivered laundry every day, appearing to know the routes and stops, and a number of words, and refusing to leave for the next stop until given a carrot or a sugar cube.

The first years of Dr. MacPherson's supervision of the Provincial Mental Institute had seen increased activity in treatments such as electroshock, insulin shock, combinations of the two, and hydrotherapy. The latter equipment was used constantly on morning and afternoon shifts in the later Forties but this was decreased in the Fifties, mainly because its effectiveness was questionable when compared with its heavy demands on staff time. By 1953, when patients numbered 1497, treatments of electroshock totalled 6125 and of insulin shock 5661, and the lasting effects were still in doubt.

The Occupational Therapy Department had also increased its activity at an astonishing rate. The post-war assistance of DVA (Department of Veterans' Affairs) through trained therapists and recreational staff and the loan of considerable equipment and supplies had proved to administration the advantages of occupational and recreational therapy to all patient types. With the opening of an Occupational Therapy workshop in 1949, and the appointment of Miss Kay Greer as supervisor and Miss Madeleine Knoll as assistant, it became possible, with the assistance of Mrs. R. Sinclair, Nursing Matron, to organize activities such as embroidery and knitting. Woodworking was supervised by a male O.T., Mr.

Oliver Bowling Club, c. 1948.
– courtesy of C. Zimmerman

George Cooper, under the direction of the Chief Attendant Frank Mather and Charges W. J. Smith (R.P.N.) and G. Loftus (R.P.N.). The 75 daily patients were brought to the O.T. Department and the door locked. O.T. staff were responsible for them. Special therapy was devised for aiding patients subjected to electroshock and insulin shock. In 1952, O.T. was expanded to the TB Pavilion and the female wards, and by 1953 there were 120 daily patients in the workshop.

In 1950, recreation was organized through O.T., the heavy program including, in addition to games and sports, dances, social evenings and shows, although movies were discontinued in 1952. Bus rides and attendance at many events in Edmonton, especially to hockey, baseball, and wrestling (the latter courtesy of promoter Al Oeming), was organized. An attendant, Bob Wade, was given the duty of organizing and directing recreation for the male patients.

> Most of the patients were no good at sports but some tried. Especially the defectives, who'd do anything just to get on your good side. They couldn't skate at all, always over on their ankles, but we had two good players – just two in my 29 years there. One was a real hockey player who'd had a head injury. He'd carry the puck right up the centre of the rink, through everyone else, with no trouble. Later, guys on his team got so cocky they thought they could beat the pros, talked about it all the time, so we brought in a bunch of 14-year-olds from North Edmonton and they beat the hell out of them.
>
> What they really liked was baseball, and soccer. Sometimes members of the City police team would come out and play them. The regular police team played the staff team, the Oliver St. Pats, but they also played the patients like good sports.
>
> Once Dr. Mac saw me teaching a patient how to box and he said, "What are you teaching him to fight for? We've got enough to handle without a guy who's been trained!" That was the end of that.
>
> The Old Man, Dr. MacPherson that is, was the best ever. He knew everyone by name and kept his eye on everything going on. If someone got hurt in sports, he wanted a full report, all the details, right away, and he'd go right to the patient and make sure everything was O.K. Nothing got past him.
>
> *– from a conversation with*
> *Tony Perusini, retired Recreational Therapist*

Not all the activities were for the patients. Staff were always making up teams, either on a casual basis, such as the tug-of-war teams at the annual picnics, or more permanent teams to compete in local or city schedules. The most famous was the Oliver St. Pats, a soccer team organized in the late Forties and competing for about ten years in the Edmonton league operated by the Edmonton and District Football Association. The first four teams were from the Montgomery Legion, the South Side Legion, the Army Navy and Air Force Vets and the Provincial Mental Institute. Bob Wade was a founder and George Hall was the manager. Regularly-scheduled games were played at Clarke Stadium but several teams, in particular that of the city police, sent members to play exhibition games at Oliver for the enjoyment of the patients. On one memorable but unrecorded occasion, the Oliver St. Pats Soccer Club won the league trophy.

The Dental Department had long been one of the most active in the hospital. Two years after his appointment as full-time dentist in 1947, Dr. W. H. Scott established a useful liaison with the University of Alberta's School of Dentistry, whereby dental students attended Clinics at Oliver. In 1952, 2772 treatments involving all types of dental work were done, and every patient in the hospital examined. Considerable skill and tact was required of the dentist for, although few of the general public enjoy a visit to a dentist, most of the patients at Oliver were actively aggressive. Human teeth were very effective weapons, making the dentist's job personally hazardous on many occasions.

It was this unmanageability of the patients, frequent in some and seldom in others, which prevented treatment and, therefore cure, for many. Although Oliver was intended to provide active treatment, it was still primarily custodial in nature.

Staff were very much aware of the restrictions and hardships resulting from this situation, and many went to considerable trouble to make conditions for the patients as good as possible.

> Most of the poor souls on our wards were homeless, abandoned and eccentric. Their only real friends and companions were in the hospital, for many had been there for years. They had a strong work ethic and they wanted, and needed, to do things to keep busy and feel useful. So they helped out a great deal with the daily chores and they took a lot of pride in making everything clean and shining. The brass door plates (I think they're only in #9 Building now) were shone to brilliance, every day. And not a snowflake hit the steps once the men got outside in the winter – they'd line up to have their turn at the shovels. It was a shame when the press went on about "slave labour" at Oliver and Ponoka, and the outcry stopped the patients from working as they wanted. The staff never made a patient do work if he didn't want to, and it was sad to see men from farms, and labourers and loggers, some with bulging muscles, have days at a time with nothing useful to do. It wasn't at all good for them. Even progress, in the form of new floor cleaning machines, was hard on them because it deprived many of their favorite job of polishing the corridors and rooms. The closing of the farm was bad for the same reason. Many of the patients had their own small gardens where they worked well to raise some vegetables and flowers, and gave themselves a sense of accomplishment which they badly needed in such surroundings.
>
> I don't recall any staff feeling malice toward the patients. Quite the opposite. Although the men didn't very often take patients home with them, as the girls did,

they did take them on a variety of outings, like fishing expeditions. And everyone possible, male and female, was taken to the annual Edmonton Exhibition.

One of the less attractive aspects of institutional life was the clothing. The World War I veterans had clothing allowances from the Soldier's Settlement Board, two suits a year, I believe. All male patients had a "Sunday" suit – after the Apparel Shop was started, old uniforms (minus the brass buttons) were available for dances. White clothing and shirts were issued to male patients from Stores, and the men looked quite good in the mornings when they were taken for breakfast (the relatively few violent ones were kept in seclusion, and they tore their clothes apart and were hard to keep dressed and clean). The females, however, were given cotton print dresses which looked to be the same pattern and material and size, sewn in the Sewing Shop. Working there was considered a plum job by the women patients, but that was because there were less restrictions there on smoking, not because the dresses could be improved.

More male than female patients had ground privileges, nearly half of them, in fact, while the women had to go out with a buddy or a group. And since the beginning, two male wards had been unlocked. I've been told that female patients were much noisier than the males, but there was so little contact we didn't know much of what the other side was like. One thing most mental patients had in common was a good tan by the first of June, for we had them outside as much as possible.

– from a conversation with
A. K. Wright, retired Nursing Care Supervisor

DRUG THERAPY OPENS THE DOOR
1954 TO 1964

"The use of Largactil and Serpasil was begun during the year. So far, the results have been excellent. It is hoped to extend the use of both of these preparations during the coming year."

When Dr. MacPherson wrote that brief paragraph into the Annual Report of 1954, he could not have known that his words of cautious optimism would be of historical significance in recording the development of treatment at the Provincial Mental Institute. The introduction of drug therapy was that rare moment in time, an isolated occasion of such importance that events for many years to come could be traced directly back to its occurrence. Of course, drug therapy was similarly introduced throughout the medical world but at Oliver, still only recently into active treatment, the changes it wrought were very dramatic. Some staff from that time can remember being away on a year's leave of absence when the tranquilizers came, and wondering on their return if they had come back to the same place. Because of the dramatic effects on patient behavior, drug therapy had a domino effect in the way treatments, routines, administrative structures, even philosophies and laws, were changed. As a direct result, the open door policy was initiated, integrated wards were created, rehabilitation and the departments associated directly with it were expanded. The work of psychologists and social workers assumed greater importance. Admissions rose startlingly but discharges outnumbered them; and a new Mental Health Act was set in place. New levels of training and professionalism were achieved. Staff increased as new programs were introduced, and administrative procedures became more complex. Better designs were incorporated into the new buildings. Public awareness of the effects of the new drugs led to much more understanding and more positive attitudes. Out-patient services and out of hospital clinical services grew. Foster homes and group homes became more acceptable. The new drugs had set in motion a series of changes which we now see as a giant step forward in the progress of mental health.

As time went on, the institutional process of authoritarian structure, unalterable routine and prearranged schedule, and lack of stimulation for the patients, was increasingly seen as having become a contributory factor to chronic mental illness, actually making many patients more apathetic, withdrawn and isolated than they had been when admitted. It became generally recognized that the most effective treatment for most of the ill was brief hospitalization followed by a return to the normal community, and more normal circumstances for those forced to stay.

The statistics on patient population during this era indicated the great changes experienced at Oliver.

CHANGES IN PATIENT POPULATION, 1946-67, EDMONTON

YEAR	ADMISSIONS	DISCHARGES	REGISTERED DEC. 31
1946	103	112	1,239
1956	794	730	1,641
1961	1,268	1,271	1,613
1966	2,094	2,142	1,470
1967	2,259	2,368	1,361

– *W. R. N. Blair,* Mental Health in Alberta, *Vol. II, 1973*
"Admissions" include first admissions, re-admissions and transfers. "Discharges" include transfers and deaths.

The data on percentages of patients discharged, based on their length of stay in hospital, were equally informative. These figures did not include deaths or transfers.

PERCENTAGES OF PATIENTS DISCHARGED BASED ON TIME IN HOSPITAL

YEAR	UNDER 3 MOS.	UNDER 6 MOS.	UNDER 9 MOS.	9 MOS. AND OVER
1946	FIGURES ARE NOT AVAILABLE			
1956	58%	20%	9%	13%
1961	62%	23%	6%	9%
1966	77%	11%	4%	8%
1967	79%	11%	4%	6%

– *W. R. N. Blair,* Mental Health in Alberta, *Vol. II, 1973*

It was noted in the Blair Report, in connection with the above Tables, that at the 1956 opening of the Admissions Building, Oliver became a full-fledged active treatment institution, and that the provincial boundary for admissions to Ponoka and Oliver was established, being set on an east-west line roughly passing through Wetaskiwin and Wainwright.

Other treatments were gradually developed after the introduction of insulin therapy and electroshock in 1947. In 1962 insulin shock was discontinued and by 1966 electro-convulsive therapy had been curtailed to specific cases. Drug therapy and psychotherapy had succeeded the more conventional treatment.

In the first year of its introduction, drug therapy was used in treating over four hundred patients. It was reported that the results in the case of chronically disturbed patients were excellent, allowing most to be removed from seclusion, but that the response of new admissions was variable. Assessment of the new preparations was extensive, although controlled trials did not start until 1962. The earliest drugs used, in

addition to Largactil ("found to be the most effective"), Serpasil ("not generally effective") and Frenquel, were Equavil ("very effective in neurotic conditions") and Trilafon ("response more variable"), the latter being discontinued for a time.

For some years, Laboratory staff and medical nursing staff had been responsible for supplying pharmaceuticals, but in 1949 the first full-time pharmacist, Mr. Ben Blawacky, was appointed. He and the Lab technicians were on 24-hour call during the Fifties and Sixties, often coming to work during the night in order to provide drugs and technological services.

During this time the treatment facilities were used to the fullest, as indicated by data from the 1966 Annual Report.

Dental Services	– 2,398 patients examined
X-Ray Services	– 374 Tuberculin tests
	– T.A.B.T. Vaccine to 121 new male staff
Laboratory Services	– 34,388 separate examinations
	– 60,380 unit value
Surgical Services	– 62 major operations
	– 57 minor operations
	– 61 other procedures
	– 5 applications of casts
	– 1 delivery of a baby
Electroencephalographs	– 388 E.E.G.'s
	– 114 E.C.G.'s
	– 17 Diathermies

The health of the mentally ill was generally very good. The medical staff, joined by dentist Dr. V. W. Kennedy in 1961, treated the physical illnesses, calling on specialists from Edmonton as needed. Surgeons from Edmonton did most of the surgical work right in the Oliver hospital.

The medical staff gave a great deal of attention to expanding out-patient services, two-thirds of the doctors conducting over four thousand interviews during 1963. In 1965 one admission ward alone saw 202 patients (784 interviews), most of whom were discharged patients.

The remarkable change in atmosphere on the wards led very quickly to an open door policy and a marked reduction in the destruction of hospital property. By 1960 over half of the patients had the privilege of being out and around the grounds by themselves, and most of the remainder were allowed to go outside if accompanied by nursing staff. In 1962 more than 3,700 patients were given leave for periods of time longer than twenty-four hours. As patients became more manageable through drug therapy, it became possible to provide them with a greater range of benefits and recreation.

I formed the hospital orchestra, known as the Blue Jackets, around 1958 or 1959. Prior to this the patients' once-a-month dance consisted of records and was not too well attended. With the introduction of live music, this monthly dance was so well attended that it became a twice-a-month dance and was used as an incentive to promote good behavior on the ward in order to have the privilege of attending. Proper dress and ties were mandatory, thereby encouraging the patients to take pride in their appearance and behavior.

The orchestra was originated by Conrad Howard and myself. I then recruited Lurene Stromsten and Reggie

The Blue Jackets Orchestra, originated by Paul Potvin and Conrad Howard.

– courtesy of P. Potvin

Music, who liked each other enough to get married. Gerry Lebedow played guitar and sang, and Fred Lafferty's exceptional talent on the steel guitar prompted many requests from the patients. Raymond Hudson and Walter Smith completed the group, which now had many requests to play for weddings, town dances, retirements and the yearly "New Year's Staff Dance". Over $5,000 was raised for the patients' comfort fund. The orchestra lasted about ten years and I like to think it was a very positive effort toward the patients' self esteem. They looked upon us as their orchestra and boasted about our being in demand for the yearly dance at Red Deer and at other mental health facilities. The staff members who give up much of their time were amply rewarded by the pleasure of playing and by their contributions to the patients' entertainment.

– from a letter by
Paul Potvin, retired Psychiatric Nurse

Tuberculosis continued to be treated successfully at Oliver, where all TB patients from mental institutes throughout Alberta were held. This included those persons who, even though they were active TB carriers, would not voluntarily stay in a sanitarium. By 1966 the numbers had been reduced to 90, of whom 29 were considered to have active TB. Mental patients from Ponoka, Camrose and Red Deer suffering from cancer also stayed at Oliver so that they could be taken for diagnosis and treatment to the W. W. Cross Cancer Clinic in Edmonton.

With the rates of alcoholism on the rise throughout society, the program for alcoholics at Oliver became more extensive in the Fifties and Sixites. There were over 200 alcoholics admitted in 1963. The Institute worked in close cooperation with the Alcoholic Foundation and Alcoholics Anonymous. Referrals were made by the latter, but patients also came from other sources. The treatment program, largely from the Alcoholic Foundation Program, was mostly concentrated on two wards. It consisted of group psychotherapy, recreational and occupational therapy, and of the physical treatment of those who were acutely disturbed or ill. Families were included in the program through the assistance of Al'Anon. Discharged patients were referred back to the referring organization, but out-patient and clinic treatment remained available.

Nursing services had grown and expanded after the arrival of Dr. MacPherson as Medical Superintendent. No longer were directions from administration signed "By Order" or "On Threat of Instant Dismissal" if the first order had not been carried out with dispatch. Nurses of the Fifties and Sixties were allowed to grow in their profession, even encouraged to initiate and actively participate in changes which would improve patient care. They were gradually relieved of non-nursing duties such as housekeeping. Well before legislation and regulation demanded it, Oliver nurses prepared a sound foundation for the organization of nursing service in order to better utilize and develop the staff and to improve communications in order to assure an efficient flow of goods and services to the care level. Policy Books with guidelines were devised and distributed, orientation lectures and demonstrations were started, personnel policies respecting and rewarding the individual were evolved, performance ratings were established. All were carefully suited to the amount and quality of patient care.

Pride in work grew as higher standards were developed, but so did pride in being a nurse. Out of this group rose those who, like George Hall, pushed for social and economic improvements for professional nurses. Female nurses were astounded to find that, as far as pensions were concerned, they were considered to be on temporary staff. All nurses realized the necessity of coordinated efforts on behalf of their profession, and large and small battles were quietly waged for pensions, equal pay for women, the 40-hour week, and so on. Nevertheless, nurses cheerfully continued certain "non-professional" tasks like making candy at home and selling it to other staff in order to raise money for valences for ward windows. Or bringing their own radios to the wards for the patients to enjoy music and some voices from the real world.

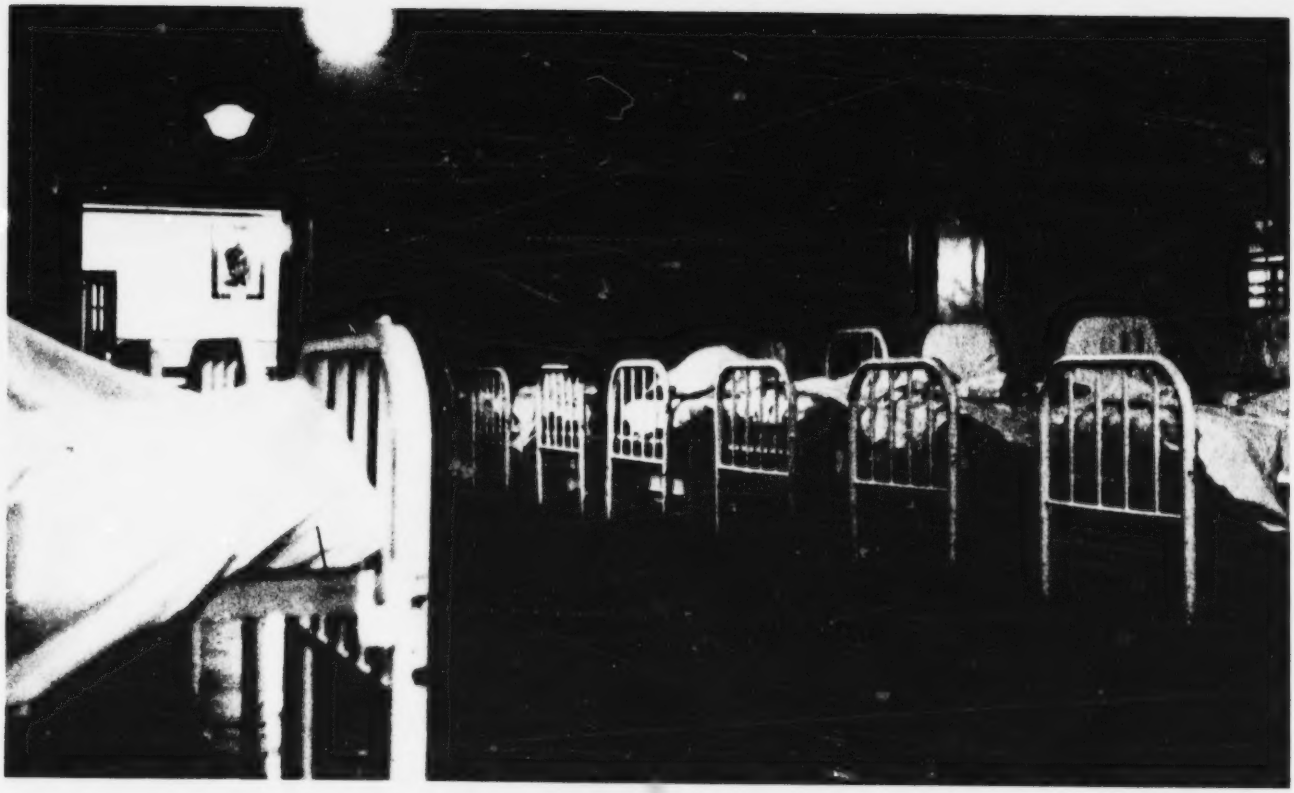
During the great period of professional growth in the Fifties, it was the nurse who planned the practical application of the team approach to patient care at the ward level, coordinating the doctor in charge with psychologists, social workers, and occupational therapists. Charting was streamlined and controlled procedures requiring considerable skill were set in place in response to the demands of the new direction psychiatry was taking.

Female staff worked with female patients only and males with male patients. Even the staff dining room was divided by an imaginary enforced line, and mixing of these two different species was not encouraged. Medical and Nursing Supervisors ate in a special dining room where they were properly served and had linen, silverware and china.

Female wards were something else in 1957! Chlorpromazine was administered very cautiously. Reserpine, an anti-hypertensive, was used to treat psychotic disorders!! Powerful sedatives H.M.C. #1 and #2 were usedin vain to attempt to control violent behavior, and pro baths and tepid body packs were effective but short-lived. Electroshock treatments were given without any prior sedation, unheard of since the later 1960's. Insulin therapy was given on a daily basis in 9 Building to combat Depression and Neurotic Anxiety – a specific strict regime was established and adhered to for years.

All wards were locked and very few female patients had parole cards or ground privileges. A written order was required to go out for a walk and to use the telephone (and, if allowed, every call was supervised by Nursing staff to avoid abusive conversations).

A day on 5 Building in 1957 went like this. At 7:20 A.M. day shift arrived on units, the Report was read by the Head Nurse and work areas assigned. Food for three areas was divided by staff: Day Room patients were more composed; West End patients were very



A typical ward for male patients, possibly the sick ward beside Ward 2B.

– courtesy of R. H. Smith

disturbed, with most in seclusion; East End had the better patients, maybe the physically ill. Once assigned to a unit, you attempted to have all of your patients sit down on long benches at long tables (we spent many days trying to put these down as some patients could turn them on end by themselves, while it took several staff to replace them). Many had to be dressed before eating because they ripped their clothes constantly. Some wore strong dresses, made of heavy canvas and tied at the back, which they were able to tear with ease. Many patients could not sit long enough to eat and paced constantly.

A few patients smeared feces and urine over themselves, the window ledges, the walls and all over the rooms, so these areas had to be cleaned prior to eating.

If you didn't feel sorry for these dear souls and wanted to help them from the bottom of your heart, it would not have been possible to remain on the job. Their filthy habits, violent noisy behavior and the poor care facilities would have chased you away in the first five minutes of work.

There were times, many of them, when one was really terrified of certain patients or was physically abused by them – kicking, slapping, biting, pinching, pulling our hair – but somehow this instilled a further challenge in oneself to help this person somehow recover.

Following the meal – and each meal we donned cotton hose and rubber boots, put towels around our heads, and aprons on – we started scrubbing. We threw soapy water on all the floors, used cleaning paste and brooms, and scrubbed. Our "squeegie" was a wide rubber board with a handle to shove the water down the drains. We used Creolin for a deodorizer, and then damp mopped the floor. The lino floors were worst. What a nightmare. Brown or green battleship linoleum. Then they were polished with a block, a heavy weight with a long handle, frequently done by disturbed overly-energetic patients. The walls were washed down with hoses several times a day in some rooms.

The West End had two toilets, with no dividers, one bathtub and two showers, so as many as three patients could be stripped and washed at the same time. Emergency bells were rung to call sufficient staff together to bathe very disturbed people. Sometimes male attendants had to assist.

About 10:30 A.M. we made juice, squeezed lemons and oranges and served it. We rolled cigarettes for the patients and supervised smoking periods for the smokers. All work had to be completed by 11:00 A.M. for the staff lunch breaks.

This was a basic routine on the wards and it varied little from shift to shift. With the exception of nights. On 5C there were over one hundred of the most incontinent geriatric patients and three staff on night duty. It was a very heavy workload, changing beds and turning patients. On

top of this we made sponges and flats out of balls of gauze and took them to the operating room in 8 Building for sterilization in the autoclave. We also made our own soap and *counted* and sacked every piece of dirty linen – cotton stockings, pants, shirts, dresses, nightgowns and linen – then carted it all outside for the laundry wagon to pick up.

Those were the days of hard labour, I tell you. However, the staff did "stick" together and the morale was generally quite good."

– From a letter written by
Mrs. Marilyn Leibbrand, retired Nursing Supervisor

Nurses applied the new knowledge of the social sciences to their experience with psychiatric care and thereby revolutionized the whole field of interpersonal relationships. Dr. MacPherson's well-known dictum to dispense "Tender Loving Care" was expanded, but not changed. In learning to better understand the patients, nurses assisted the patients in understanding themselves. Long observation had taught nurses about the special handicaps of mental patients, about their health habits, work and play abilities, interaction with others. With the help of the head psychologist, they devised an Index with which to rate the level of function of patients at any time. The **"C" Index** read:

"This applies to the degree of function which the patient has in his ability to meet his own physical needs. These physical needs we record as follows:

Nourishment	Does the patient go to meals on his own initiative, feed self, require spoon feeding, take an adequate diet, have good eating habits. Identify any problem.
Cleanliness and Grooming	Is the patient able to bathe self, maintain daily cleanliness, take care of the details of grooming and dress, care for own clothing and maintain attractive grooming. Note any problems in this area.
Rest and Exercise	Does the patient assume responsibility for rest and daily exercise regime or is this an area of staff responsibility. Note problem behaviour.
Elimination	Has the patient good habits of elimination. If not, what is the problem?
Sleep	Is sleep normal or is there a break in normal sleep pattern? Can you identify the reason why?
Physical Symptoms	Does the patient complain when he is not feeling well or is the alert observation of the nurse a necessity in the recogntion of physical symptoms?

"C" Index Rating

As a basis for individual patient plan of care of physical needs, please rate the patient in one of the following categories. To justify your rating write a word description of the patient's behaviour which pin-points the problem areas.

Daily housekeeping chores being done by nurses on 5A, c. 1962.

– courtesy of A. Kip

Levels of Patient Function:

C+++	Able to meet own physical needs and assumes some help for other health habits.
C++	Good health habits of daily living – able to meet own needs a) provided clothing and equipment are available. Will request same. b) provided staff supplies, equipment, etc., to facilitate care. Will not request articles required.
C+	Interested, capable of partial self help with encouragement and supervision.
C	Patient passive – requires total care by staff.
C−	Requires complete care by nurse to which patient is passively resistive.
C−−	Requires complete care by staff with active resistance on the part of the patient."

From this, on-going individualized care plans were developed. This preceded the "Quality Assurance" method used in hospitals today. The late Fifties' study of 500 female patients by affiliate students was repeated by Nursing Service Ward Staff in 1964, both studies leading to changes in staffing patterns on some wards.

When it became apparent that continuous in-service for nurses, nursing assistants and domestic staff was necessary to maintain current knowledge and adequate skills, especially among students and returning nurses, Oliver started its own programs and refresher courses.

In spite, or perhaps because of, the enormous progress made in psychiatric nursing, the profession was under extreme strain by 1964. In that year the professional staff count at Oliver was 441, of which nursing staff made up 90 percent. Workloads were such that individualized patient care suffered, only 84.8 minutes per patient per day from the total treatment team being available. After a period of negative reports on patient care in the press, nurses learned to cease being defensive. They knew that public pressure was part of the process of change, so they gathered the information at their disposal in order to participate in an Alberta Association of Registered Nurses brief, entitled "Standards of Professional Nursing Practice", to Premier Manning in 1965, in which they advocated certain changes. They had previously been represented in briefs to the 1962 Royal Commission on Health Services and the Alberta Nursing Education Survey, and they followed these successes with a presentation to the Canadian Medical Association and a brief, co-authored with Howard Clifford, on "The Prevention of Mental Illness and Social Maladjustment" to Dr. G. Ball's Public Health Committee.

It was in the spring of 1956 that the Affiliation Training Program was initiated at Oliver, with final-year students from the Royal Alexandra, Misericordia and General Hospitals and B.Sc. students from the University of Alberta attending. At the beginning an average of 12 students were given a two-month course with lectures, clinics and ward experience. In 1958, the affiliation program at the Provincial Mental Institute was expanded to include student nurses from the Holy Cross Hospital in Calgary and the Lethbridge Municipal Hospital. That year's students numbered 156 and were reported to be of very high calibre. In 1959, a two-week course for field experience was started at Oliver for graduate nurses enrolled in the Diploma course in Public Health Nursing at the University of Alberta. A year later St. Joseph's General Hospital in Vegreville and Archer Memorial Hospital in Lamont joined the affiliate program.

By 1958 the instructional staff of the School of Nursing at Oliver consisted of four instructors and two clinical supervisors, all under the direction of Miss M. J. Kyle and Superintendent of Nurses Rose Sinclair. The well-qualified staff also conducted the in-service training, consisting of ward teaching and lectures, for all staff, and in 1961 started 40 hours of re-orientation for ward charges. By 1962, the School of Nursing was training 75 students in the R.P.N. program, 242 students in the Affiliate program, 6 nurses in the Public Health program, and the entire staff in the in-service and refresher programs. And in 1963 the R.P.N. students at Oliver outnumbered the R.P.N. students at Ponoka by 29 to 7.

In 1957 it was compulsory for student nurses to live in residence for three years. You could sleep out on nights off only and if you worked afternoons on Friday and were off Saturday, you could not leave residence after work because you had to leave in the morning, which meant no sleep-out if you had Saturday off.

There were strict rules. Lights out and in bed by 11:00. And the house mother made rounds to each room to check that you were in bed. No phone calls after 11:00. No going to graduate nurses' quarters on the main floor of the North wing – although we went through the basement and "snuck" up the back stairs and managed to visit these royal creatures in spite of all the watchdogs. No visitors to your room. No smoking in your room.

If you became ill, you were assigned a bed in the Infirmary on the second floor and visited frequently by Dr. MacPherson and Mrs. Sinclair. If you were really sick, Dr. Mac would buy you ginger ale out of his own pocket – otherwise you were given grapefruit juice or homemade orange or lemonade.

A strict Code was enforced by the Nursing Instructors. As I remember it, hair had to be off the collar at all times; a complete uniform had to be worn on duty but none of it could be worn off grounds; your cap to be worn at all times; uniform skirts had to be eleven inches off the floor; shoes had to be perfectly clean – if the laces were dirty, you were sent back to wash them. Assignments had to be completed on time without excuse, and if not, you lost sleep-outs prior to your days off. You had to stand to show respect and allow all senior nursing staff, including second and third year students, to pass through doors first, holding the doors open for them. Senior staff went for coffee first, too. Smoking was permitted in the bathrooms but junior students had to wait their turn until seniors were finished.

All first-year students were assigned a Big Sister, who became your idol and who capped you at a real candlelight service. Tea and goodies followed at a reception in the Residence to which any number of friends and relatives could be invited.

Students were on probation ("probies") for six months and wore a basic dark blue uniform. After passing the preliminary exam, you received your white bib, apron, cuffs and white collar of stiff plastic.

We worked eight hours and attended two hours of classes five days a week, plus two weekly practice periods for one hour after work.

– from a letter written by
Mrs. Marilyn Leibbrand, retired Nursing Supervisor

However, the increased supply of well-trained nurses could not keep up with demand. In the 1965 Annual Report from the Division of Mental Health, Dr. T. C. Michie, newly appointed Director (replacing Dr. R. R. MacLean, who had retired after 37 years of service in the psychiatric health field in Alberta), wrote, "Interesting changes were apparent in the intake of the hospitals when viewed in the light of social development of the Province. Over a twenty-five year period the population of the Province has almost doubled but the admissions to the two hospitals have increased over five-fold. Some of these admissions were attributable to the more liberal attitude to discharge and the necessity for readmission,

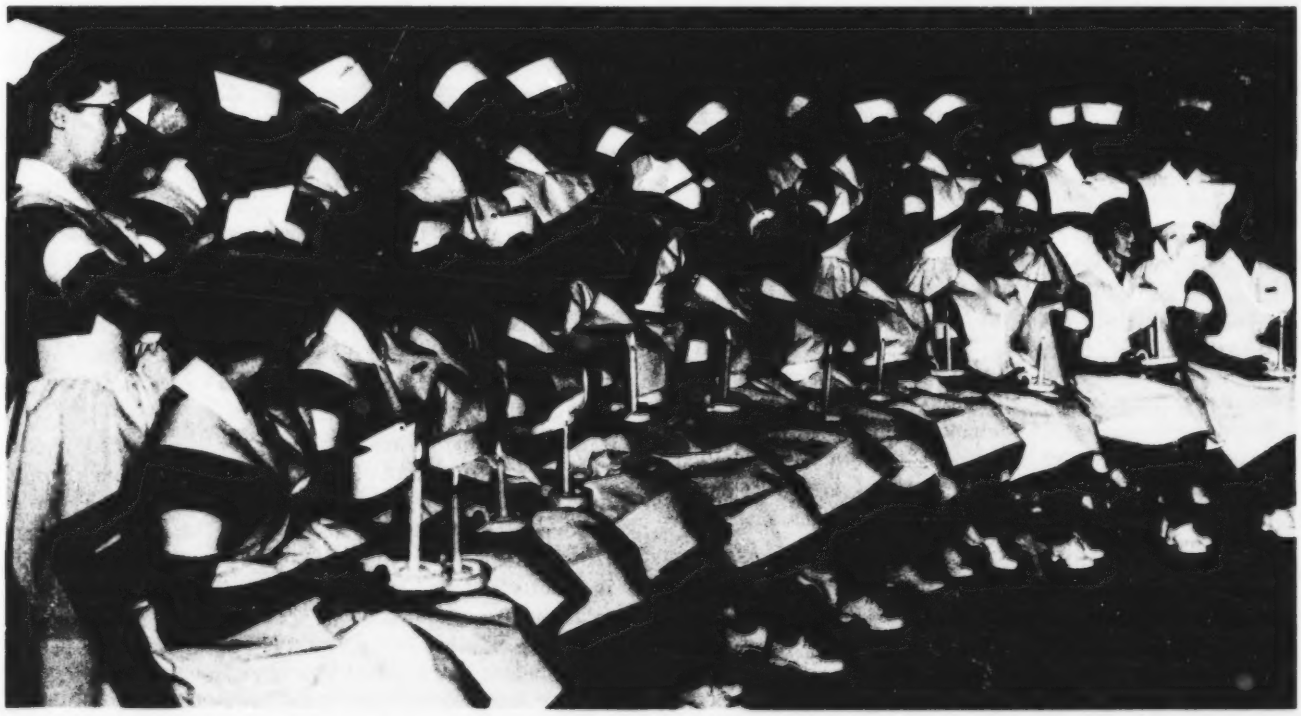
but the number of first admissions has gone up over four-fold in the same period. Whereas, it was relatively infrequent to admit non-psychotic patients in 1940, over one-half the incoming patients in 1965 were not considered psychotic. The number of neurotic patients in first admissions rose from 18 to 279. In contrast the number of schizophrenics rose roughly in keeping with the population change. The admission of those with senile disorders continued to increase and there is no indication as yet that the extensive and varied facilities now available for the aged have lessened the pressures on the mental hospitals in this important area. The number in this category was 334 in 1965 as compared with 272 in 1964.

"The treatment program was active and in keeping with current concepts. There was further development in the foster home care plan at both hospitals to facilitate a return to a normal social and productive life for those whose discharge might otherwise have presented difficulties. It was apparent, however, that the hospitals still have to contend each year with a hard core of incoming patients who for one reason or another are refractory to treatment in the light of present knowledge."

The same Report included the following table showing the capacity of Alberta's various mental institutions and the number of patients as of December 31, 1965.

	Capacity	Patients in
ACUTE MENTAL HOSPITALS		
Alberta Hospital, Ponoka	1,272	1,087
Alberta Hospital, Edmonton	1,308	1,345
CHRONIC MENTAL HOSPITALS		
Rosehaven, Camrose	510	497
Alberta Hospital, Claresholm	424	322
Alberta Hospital, Raymond	127	118
INSTITUTIONS FOR MENTAL DEFECTIVES		
Alberta School Hospital, Red Deer	1,042	861
Deerhome, Red Deer	1,320	1,134
EMOTIONALLY DISTURBED CHILDREN'S UNIT		
Linden House, Red Deer	25	17
TOTAL	6,028	5,381

In the fall of 1964, a new program had commenced, whereby St. Michael's Hospital in Lethbridge would take psychiatric nurses from Oliver for a sixteen-month training period to prepare them to write their R.N.'s. This was perceived as the best way of providing the combined training for the higher echelon of future nurses. Two candidates from Oliver, Shirley Stauffer and Joan Pettigrew, went to Lethbridge, where they successfully completed the Supplementary Program for Psychiatric Graduate Nurses and returned with dual registration in 1966. (They had left from the Provincial Mental Institute, Edmonton, and returned to Alberta Hospital Edmonton, a change in name indicative of the growing statute of the old Oliver Institute in the years to come.) The combined R.N. and R.P.N. program, arranged by the Alberta Association of Registered Nurses to promote understanding between the two branches of nursing, created a lasting, workable relationship between general and psychiatric nursing which



A Candlelight Capping Ceremony, with second-year students capping the first-year students. c. 1958.
– courtesy of M. Leibbrand

enabled the psychiatric nurse, until then the lonely sufferer of much the same kind of ostracism accorded the mental patient, to achieve a degree of respect which had not been forthcoming in previous times. Nevertheless, in spite of their climb to the higher levels of the profession, Psychiatric Nurses managed to retain their sense of humour and ability to poke fun at the pecularities of their work, qualities illustrated in a poem included in the first yearbook (1960) of the Provincial Mental Institute's School of Psychiatric Nursing.

SONG OF THE PSYCHIATRIC NURSE

I never get mad; I get hostile.
I never feel sad; I'm depressed.
If I sew or knit and enjoy it a bit,
I'm not handy . . . I'm merely obsessed.

I never regret; I feel guilty.
And if I should vacuum the hall,
Wash the woodwork and such and not mind it too much,
Am I tidy? . . . Compulsive is all.

If I can't choose a hat, I have conflicts,
With ambivalent feelings toward net.
I never get worried or nervous or harried,
Anxiety . . . that's what I get.

If I go to the Stork Club or Ritz
And have a good time making puns or a rhyme,
And have a good time making puns or a rhyme,
I'm a manic or maybe a schiz.

If I tell you you're right, I'm submissive,
Repressing aggressiveness, too;
And when I disagree, I'm defensive, you see,
And projecting my symptoms on you.

I love you, but that's just transference,
My oedipus rearing its head;
My breathing asthmatic is psychosomatic,
A fear of exclaiming, "Drop dead."

I'm not lonely; I'm simply dependent.
My dog has no fleas, just a tic.
So if I seem a cad, never mind, just be glad
That I'm not a stinker . . . I'm sick!

– from *Into the Dawn*, 1960. Author unknown.

Occupational and recreational therapy were not ready for the rapid changes in treatment procedures, caused by the introduction of drug therapy. The scope of each department had expanded considerably in the post-war years, primarily through the interest and involvement of the Department of Veterans' Affairs' Miss Theo Wize in providing a good level of care for those ex-servicemen who were confined in mental institutions. Workloads grew yearly, the more amenable patients continuing to be given instruction in embroidery, knitting and woodworking and taken to various sporting events in the city. Athletic events, both organized and casual, were constantly going on during the day, and the evenings were given over to a stream of shows, dances and other social gatherings. However, the refractory patients were seldom, if ever, included. They were to unmanageable for most occupational and recreational therapists, usually not professionally trained at that time.

Assembling a wooden kindergarten chair in the OT workshop.
– courtesy of Alberta Hospital Edmonton Archives

Even with the expansion during the Fifties of its activities to include the TB and female wards, and the increasing attention given to new patients and those receiving shock treatments, occupational therapy was very limited. In most cases, nurses and attendants provided instruction, those among them who showed the most aptitude for crafts and sports being relegated to the position of "therapists". Volunteer help increased in the mid-Fifties, especially from the Students' Christian Movement, the Canadian Mental Health Association, the Canadian Legion and its Ladies' Auxiliary and the Deaconess and ladies from the United Church. Mrs. Sinclair remembers that many different groups visited in the female wards, instructing the patients in such things as millinery, and putting on afternoon teas. Sometimes one would take a patient into the city for tea at her home, a much appreciated outing for some female patients. The Canteen, for the use of both patients and staff, was functioning well by 1958, and profits were used to provide major articles such as television sets.

It was in 1958 that the Institute obtained the services of Miss Patricia Payne, a native of New Zealand graduate of the Occupational Therapy program at Kingston. She was classified as "O.T. Assistant" and a nursing aide was taken from ward duty to assist her on a permanent basis. Weaving was reintroduced for the first time in years, the original loom still residing in No. 1 Building. Finger painting became a popular

projective technique, the results analyzed by Dr. Louis Kuttel in Buildings No. 4, No. 5 and No. 1. He claimed, for instance, that the inclusion of black birds was an indication of suicidal tendencies.

Dr. Kuttel deserves special mention, for his story was repeated, with small differences, countless times in this country as an aftermath of World War II. Born in Hungary in 1896, he had studied medicine in Kolozsver and Budapest and taken post-graduate training in neurology in Germany and in psychology in Vienna, Austria. He was a neurological specialist in Europe for many years, teaching medical and nursing students. There is no record of his wartime experiences, but he came to Canada in 1949 and to Oliver in 1951. At that time refugees from Europe were allowed into Canada as Displaced Persons (D.P.'s) and they were expected to do two years of work, usually of a very menial nature, if they could not prove their accreditation, nearly always impossible because of the devastation in Europe. Dr. Kuttel may well have been one of the vast numbers of D.P.'s who found refuge and a new life in Canada, and who brought to this country a richness of culture and depth of education and experience well beyond that of their new colleagues. Their contribution to Canadian society was immeasurable, and in return they were given freedom of opportunity and an atmosphere of security and peace. At the Provincial Mental Institute, many D.P.'s of lesser achievement that Dr. Kuttel were given the chance to work while learning the English language and Canadian customs. Oliver was the cultural halfway house for hundreds of New Canadians who went on to become excellent citizens.

Dr. Louis Kuttel
– courtesy of Alberta Hospital Edmonton Archives

It was Dr. Kuttel, teacher of the Institute's courses of Neurology and Bacteriology, who introduced finger painting to Oliver, a great interest to him which he had learned as a therapeutic technique in Austria. When he died in 1959, his friendly, kindly manner was deeply missed by patients, staff and students.

Sadly, he had been pre-deceased by Miss Payne, an ardent alpinist, who was killed in a fall in the Rockies while on a mountain climbing holiday.

During the Fifties, the O.T. staff were required to wear green uniforms with high, stiff white collars and sturdy white shoes. Their working hours were long and demanding, and included Saturday mornings. As well as a regular program time, Saturday morning was the clean-up time. The O.T. staff made sandwiches for patients' lunches, rushed the patients back to the wards, then dashed back to the O.T. Building to wash floors, scrub toilets and polish furniture before catching the 12:00 noon bus to Edmonton. The aides had twenty minutes for their own dinner in the kitchen – but in summer some O.T.'s preferred to sit on the lawns with a radio.

In the early Sixties, the O.T. program was run by O.T. aides, assisted by a Psychiatric Nurse until a qualified Occupational Therapist could be hired. In 1962 the Occupational Therapy Department was reorganized and two well qualified persons were hired. One more therapist was added to the staff each year for the next two years, one being an Indonesian who introduced basketry to Oliver and another being a professional artist from Holland who was hired for the pottery program. The latter may have been responsible for arranging for the loan of pictures from the Edmonton Art Gallery for display in the Occupational Therapy Building, where they were very much appreciated. One of the therapists, a native of New Zealand (who returned there after a short time because of her distaste for icy roads), has passed into O.T. legend because of her acute sense of obligation to her work – one day she asked for permission to go home at one o'clock, explaining "I'm getting married at 2:00!"

By 1965, Occupational Therapy was playing a very important part in the treatment program. Therapy was carried out on all the wards as well as in the O.T. Centre, and several teas and exhibitions of the patients' work were put on for the public at intervals throughout the year. In addition, the Department started a Social Club as a form of socialization and group therapy for approximately fifty patients, a Drama Club, and a series of discussion and orientation programs to assist the Foster Care Program to prepare patients prior to their moving into a foster home. In his last Annual Report, Dr. MacPherson wrote, "This was one of the best departments".

In a like manner, the increasing success of drug therapy enabled the Recreational Therapy Department, once a mere adjunct of O.T., to come into its own. As with O.T., recreational therapists were under-trained and dreadfully overworked. Large numbers of patients, now released from confinement because drug therapy had modified their behavior to manageable proportions, had to be taught to find their muscles again. Since the general health of the mental patient was usually excellent, conditioning and a restoration

of interest in physical activity became the goal of recreational therapy. Their expanded programs became an important part of team treatment programs, and activities were conducted throughout the day and evening on a year-round basis. In this, the therapists were greatly helped by volunteers, especially from the young and energetic members of church groups and the C.M.H.A. They continued to receive guidance, assistance and equipment from the DVA, and in 1963 Oliver was the recipient of "a very much appreciated and impressive gift of four sets of curling rocks" from the Royal Canadian Legion.

> We used the tunnel from 1 Building to the kitchen for indoor curling. Old jam tins, the 3-pound ones, were filled with cement and a broom handle stuck in so they could be thrown like real curling rocks. No damage was done but someone was afraid we'd ruin the terrazzo floor so we had to quit. It was great while it lasted.
>
> *– from a conversation with Tony Perusini, retired Recreational Therapist*

However, in spite of the great advances made in their disciplines, the major changes in the development of Occupational and Recreational Therapy were to come in the Seventies.

Standing (l to r), Mr. Booth, Dr. Myers, Mr. Hughes, Dr. Jordan, Dr. Rudin, Dr. MacPherson, Dr. Hoffmeister, Dr. Janssen, Dr. Ewart. Kneeling, Mr. Wacko. 1951.

– courtesy of S. Wacko

The first full-time Social Worker, University of Toronto graduate William Wacko, was employed at the Provincial Mental Institute in 1952, his duties encompassing the investigation of new patients, the placing and rehabilitation of discharged patients and, in the area of public relations, giving talks to community organizations and conducting tours through parts of the Institute. To this was added the responsibility of caring for the Library. When in 1955 he didn't return to Oliver from a post-graduate course in England, Miss Valeen Pon was transferred from Ponoka. By this time the Social Worker was part of the treatment team, particularly in the area of group therapy. In addition, Miss Pon taught the Correspondence School course work for school-aged patients, all of her students achieving passing grades in her first year as instructor.

Through the Fifties, as admissions increased, the work of the Social Worker grew correspondingly, particularly with regard to the investigation of family backgrounds. In 1962 one extra staff was employed, not to reduce the workload but rather to expand the service even further. With a patient discharge rate of 84% in 1963, still another Social Worker was employed and 3,650 interviews were conducted. In addition, the program of Foster Home Care was greatly expanded with the assistance of the Department of Public Welfare, Edmonton's Welfare Department and the Canadian Mental Health Association, whose staff found and screened foster homes. By 1965, 68 patients had been placed. At the end of that year 46 were still in their foster homes, 19 had left because they had obtained work and 3 had returned to Oliver.

The presence of a Psychologist at Oliver was mentioned in an Annual Report for the first time in 1955, one year after the introduction of drug therapy and only a short time after the hospital had grown into an active treatment centre. But it was only in connection with the Library: "It is under the supervision of the Social Worker and Psychologist."

In fact, the Psychologist was soon engaged in one of the busiest sections of patient care, for new patients (1033 male and female admissions in 1959), especially all remand cases, were given a battery of psychological tests. This work was considered invaluable in the clinicial program. In addition, the psychologist took an active part in the group therapy program. When admissions rose to 1543 in 1963, and included 214 remand cases, the workload led to a less-than-complete testing program, especially since duties now included lectures to the psychiatric and affiliation nursing students. The Chief Psychologist, Lou Faucher, appointed in 1964, was also very active in public relations, giving lectures and talks in Edmonton and participating in seminars.

For the decade after 1955, psychological services at Oliver were in increasing demand but severely restricted because of staff shortages and inadequate facilities.

The administrative and maintenance framework within which the treatment of patients at Oliver took place was expanded to the point of disruption and dislocation with the advent of and consequences from drug therapy.

The growth of out-patient services did reduce the numbers of potential admissions but the large numbers of patients who stayed in hospital for a relatively short period of time made huge demands on all of the necessary services which ensured their comfort, safety and good health.

In 1954 the fire protection system was reorganized as laid down by a government Order-in-Council. A fire chief was appointed and regular training of the fireman, all of whom were volunteers drawn from staff residing on the grounds, was instituted. Fire practices continued to be held at frequent intervals and regular inspections were carried out by the Fire Protection Branch. By 1960 there was in place a program of fire protection for new staff and considerable effort was put into keeping the equipment at peak efficiency. The absence of fires during this period attested to the superior quality of the system.

The necessity of providing clothing, bedding and various other linens in a clean and functional state for the use of patients and staff had made the Laundry a vital part of Oliver

since its opening in 1923. As demands rose, the facilities were enlarged, or altered, new equipment was added and more staff hired. In the tailor shop and sewing room, clothing and linens were made and repaired, thus greatly reducing the necessity, and thereby the costs, of new purchases. The 1,620,000 pounds of laundry processed in 1960 in the new building had increased to over 2,000,000 pounds by 1964, due to the increased load caused by speedier patient turnover. In 1965, the sewing and tailoring work came under the direct control of Laundry. The shoe repair shop had been active, doing exceptionally good work, until it was closed in 1964.

Although Housekeeping was not described as a Department until the 1960 Annual Report, the first full-time Housekeeper, Mrs. Christina Gibson, had been appointed to that position in 1954. In earlier times, the Director of Nursing had supervised the housekeeping activities, most of which were done by the male attendants, ward aides, student nurses and patients. Kitchens were staffed by "The Dining Room Maid" in Buildings No. 1, No. 2 and No. 5, and three staff were scheduled for duties in the staff cafeteria and the diet kitchen. The first male housekeeping staff had been transferred from farm operations in 1953.

Mrs. Gibson had come to Oliver in 1935 with her husband, Alf, who was employed in the power house until his retirement in 1965.

> For a long time I had charge of occupational therapy, for women, in a room in 5 Building. Sewing, embroidery, weaving. I set up the first loom in the hospital. One old lady, she wasn't so old really, used to make up rugs out of stockings. When Mrs. Payne went away, to New Zealand, I think, Mrs. Sinclair said if she didn't come back she'd make me responsible for O.T. but Miss Payne came back so Mrs. Sinclair said she thought I'd be a good Housekeeper.
>
> I fell into a lot of different jobs. When they needed something, they'd get me to do it. When I got stuck the doctors would help me – they'd tell me what they wanted done and how to do it, and I would see that it got done. By the time I retired in 1967, I had a staff of forty. And I didn't stay in an office – I went out and looked at everything and saw that it was right.
>
> *– from a conversation with*
> *Mrs. Chris Gibson, retired Housekeeper*

The cleaning staff worked harmoniously with nurses and aides. Patient care was everyone's concern, and cleaning staff often escorted patients, answered door bells, helped with E.C.T., and tried to be useful in many ways. Their own work was very demanding but it was gradually made easier and more efficient with the introduction of new equipment such as the first automatic scrubber in 1955, a machine which flooded the floors, scrubbed, vacuumed the water and even polished. For a long time wax was still applied sparingly by hand, on hands and knees, and polished with long-handled fifty-pound square blocks covered with lambs' wool pads. Until 1965 there were no scrub pails on wheels or with wringers.

Housekeepers, (l to r) Mrs. N. Gordon and Mrs. I. Powell.
– courtesy of Alberta Hospital Edmonton Archives

> Pails were pulled on pads made by the Laundry from old wool blankets. There were no side wringers but the pails had two rollers. You placed the mop head between the two rollers, stood straddling the pail, one foot on a pedal to hold the pail from tipping, and pushed downwards on another pedal that closed the wooden rollers over the mop head. You pulled upward on the mop. If you were strong, the mop would come out relatively dry. Often it was vice versa.
>
> *– from a report by Mrs. Nancy Gordon, Housekeeper*

In 1959, all wards had to have "Cleaning Domestics", but the male attendants continued to clean the nursing stations and corridors. By 1966 there were 26 women and 16 men on Housekeeping staff so an Assistant Housekeeper, Mrs. Irene Powell, was appointed. Four auto scrubbers were purchased and every unit was supplied with a floor polisher and a vacuum cleaner.

At the end of 1966, Housekeeping was placed under the Business Manager, and Nursing no longer was responsible for cleaning. During this time Mrs. Gibson gave priority to maintaining a clean, sanitary and safe physical environment for patients and staff, continually upgrading equipment, supplies and effective cleaning techniques, and providing a pleasant atmosphere.

A few months after Mrs. Gibson's retirement in 1967, Mrs. Nancy I. Gordon was appointed Assistant to Mrs. Irene Powell. One year later, food services, and the supervision of the kitchen domestics, went to contract, but Housekeeping remained responsible for cleaning the kitchens. The Canteen operated in the basement of No. 9 Building for patients and staff, first by Mrs. L. McKinnon and then by Lyla Farris of Housekeeping staff until taken over by C.N.I.B., was open daily from 12:00 noon to 3:00 p.m. to provide cigarettes, snuff, tobacco, candy and "patient comforts" such as soaps and cards.

Housekeeping was such a reliable department that year after year the Annual Reports stated, "This Department continued to function efficiently. The wards were kept comfortable and attractive."

From the opening of the Institute, various religious denominations had voluntarily provided a ministry and fellowship for the patients and staff. Monthly, then weekly, services were held right on the wards and later in Cameron Hall by Anglican, United Church, Lutheran and Roman Catholic clergy. It was the Franciscan priests from Edmonton's St. Francis parish who provided pastoral care for Roman Catholic patients. Regular visits were made by groups of many faiths, such as Beth Israel Synagogue, the Franciscans, the Chinese Benevolent Association, the Church of Latter Day Saints, the Ukrainian Women's Association, the United Church Christian Youth Movement, the Salvation Army and a number of others. These groups assisted at services and with feasts, two sets of special china having been purchased by the Ukrainian Women's Society for special occasions at the Institute.

In 1950 Rev. M. Appelt of the Lutheran Church started frequent visits, but it was Lutheran Chaplain to Hospitals, Pastor Emil O. Walker, who in 1953 initiated consistent pastoral care for patients on the wards, a duty he performed with notable love and devotion for seventeen years. His outstanding contribution was recognized with the opening of a lovely tranquil chapel, dedicated to him, in the Schragg Pavilion. Upon his retirement in 1970, the pastors and congregation of Calvary Lutheran Church continued his ministry in cooperation with the Pastoral Care Coordinating Committee.

> Pastor Walker understood the pain and loneliness of each man there. His Christian love was remarkable. He would sit closely beside a patient, on one of those narrow beds or a ward bench, to talk with him and comfort and soothe him. He was not afraid to touch physically, spiritually and emotionally, to get closer than most would have cared to do! He devoted much of his life to the mentally ill, spending Christmases with them and trying in every way he could to give them care and attention.
>
> *– from a conversation with*
> *Dr. John Lefsrud, Edmonton Psychiatrist*

Pastor Walker's deep convictions led him to make a public plea through *The Edmonton Journal* (February 14, 1967) for recognition of the "great work" done by mental hospital staffs. He wrote, "Not all people have the patience and understanding to work in places like these, where one person may give no response through the day except for a few incoherent syllables, where others may be moody, and resentful, where others may be hostile to all society. But others may be very appreciative of the care and work of the staff."At the same time he recommended to the provincial government the establishment of a Department of Mental Health with the authority to address in a practical manner the many problems besetting mental hospitals and the patients within. His death during the Christmas season in 1982 was a great sadness to the many who loved him.

During the last twelve years of Dr. MacPherson's superintendency, the physical face of the Provincial Mental Institute underwent considerable change. The Admissions Building (No. 9 Building), a major construction started in 1954 and opened in 1956, proved to be one of the most modern on the Continent. It was with the opening of this building that the Provincial Mental Institute was finally accorded full status as an active treatment hospital.

In 1954, the staff dining room was doubled in size and staff quarters enlarged, and measures were taken to preserve the water tower, by then a well-known landmark. This was followed by a program of improved roads, walks, landscaping and street lighting which continued for several years. In 1959 two major projects were completed, namely the new Laundry Building, located north of the kitchen, and the addition to the Nurses' Residence. The old Laundry was converted to sewing and mending rooms. Two passenger elevators were installed in No. 1 and No. 4 Buildings in 1961, and one in No. 3 Building in 1963. The latter was completely renovated, redecorated and refurnished, and opened as a male admissions ward in 1964.

When Dr. MacPherson retired on June 16, 1966, he had been the Superintendent at Oliver for eighteen years and had devoted thirty years of service to the Division of Mental Health. He remained active as a consultant on mental health for the Attorney-General's Department and the Charles Camsel Hospital. After a brief illness, he died in Edmonton in 1975, survived by his wife, Marguerite.

When in 1969 a large, modern admissions building was opened, it was named the A. D. MacPherson Pavilion to honour his years at the Provincial Mental Institute.

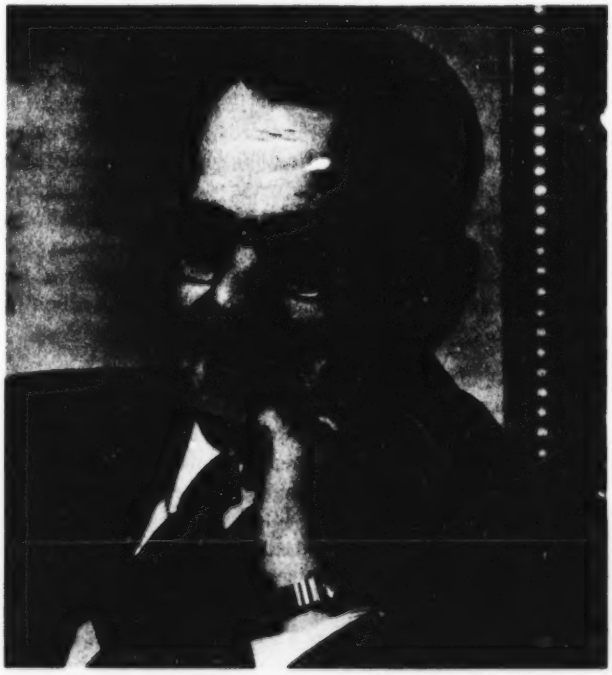
THE TURMOIL OF TRANSITION 1965 TO 1970

Dr. MacPherson's introduction to his last Annual Report (1965) pertained to new mental health legislation that was to be of utmost importance to the policies and procedures of the future. He wrote, "The most important event that occurred during the year was the coming-into-effect of the new Mental Health Act, which took place on January 1, 1965. No problems arose in connection with the functioning of the Act. It was very well received by all concerned. By strenuous efforts, the staff was able to change the documentation of all patients admitted under the old Act to the new Act by the end of January, 1965. Many of the patients, who were admitted by certificates or by warrant, signed Voluntary Forms. It was expected that there would be many appeals made to the Review Panel, but actually there were none made by patients in the hospital at the beginning of the year. There were four appeals made by patients admitted during 1965. During the year, the following changes were made in the Modes of Admission: 53 patients, admitted voluntarily, had to be certified; and 191 patients, admitted by certificates, signed Voluntary Forms later."

The Act's provisions facilitated the voluntary admission method to all institutions and removed judicial action from all decisions including involuntary admissions but, in turn, extended the responsibility of those physicians concerned with the patients' care. Review Panels were established to which involuntary patients or their nearest relatives could appeal decisions which had been made.

Under the provisions of the Act, most of the hospitals and guidance clinics were renamed. With the exception of Rosehaven in Camrose and Deerhome in Red Deer, the hospitals and clinics were all designated as Alberta Hospitals and Alberta Guidance Clinics, with the geographic locations appended. Thus on January 1, 1965, Alberta Hospital Edmonton came into being as the officially recognized name of the Provincial Mental Institute, Edmonton, and the Oliver Mental Institute. Department officials were largely successful in encouraging management and staff to use the new name until it became second nature to do so, but Edmontonians have generally continued to refer to the hospital as "Oliver".

The acknowledgement through law of the numbers of people who recognized their own mental illness or instability and wished to get professional care in a mental hospital was a clear indication of the strides made both in mental health and in the public's changed perceptions of confinement in a mental institution. As customary, politics and law had been the last to react to increased public awareness. For several years past there had been developing more knowledge and understanding about the causes and consequences of human behavior than at any other time in history, with the emphasis increasingly on family dynamics rather than genetic patterns. The role of rigid moral codes as guides for group and individual behavior had been seriously challenged and often modified or completely overthrown. Changing styles of dress and speech, music and art, and completely new lifestyles, were symbolic of the changes toward introspection and self-analysis which were less superficial. The "New Generation" had, on the way to becoming the "ME Generation", funnelled a lot of time and energy into an inspection of themselves as well as their families and the societies in which they lived. The changes demanded by a generation of earnest and energetic youth, joined initially by a relative handful of rather ancient civil libertarians, had set in motion social, political and economic forces to influence every aspect of life. Racial equality, women's lib, antiwar movements were the larger issues. Personal relationships were the level at which most individuals were affected, seeking to improve marriages, restructure child-raising methods, and relieve tensions and hostilities in themselves. There was a demand for more and better assistance from government and the professions, of greater availability of the many agencies which they controlled and regulated. Good mental health was seen as not only desirable, but as the democratic right of every citizen – and it was believed to be a responsibility of the established institutions to provide it. Standing at the extreme edge of this newly-perceived social need stood the mental hospitals, and the public expectation was that they should provide general access to quality professional treatment with every legal safeguard guaranteed to any citizen.



Dr. A. Ralph Schrag
– courtesy of Mrs. A. R. Schrag

One of the major complaints about mental hospitals before the new Act was passed concerned the ease with which some people were incarcerated through legal process but without the right of appeal, even though they might be sane. The numbers were probably greatly exaggerated, but there is no doubt that such miscarriages of justice did take place. In an earlier time it was easy to confuse socially unacceptable behavior for mental sickness. However, a few tragic incidents were the result of immoral and unjust attempts for personal gain when all else failed. Whenever such a case became known, outrage, contempt and fear, whether surreptitious or open, tended to be directed as much at the institution and its staff as at the legal system which allowed it to exist. Often hospital staff would realize the situation, but their professional oaths prevented its disclosure – and they knew full well the futility of bucking the instigator, who would doubtless have the sort of social and economic clout usually seen by the public as being the manifestation of good solid citizenship. Of the cases at Oliver, the best known involved a man from southern Alberta, wrongfully sent to Ponoka on a warrant signed by two politically astute judges and conceived by a very prominent person wanting the man's property. When transferred to Oliver, the patient was allowed to set up a basement jewellery shop which he stocked mainly with old watches given to him by Irving Kline, one of Edmonton's true philanthropists. The patient, loved and respected by many staff and most of their children (to whom he passed out chocolates on his weekly bus rides into town to collect his watches) remained at Oliver for many years and eventually died there, the innocent victim of an imperfect system. Other such incidents sometimes revolved around attempts of husbands or wives to rid themselves of embarrassingly undesirable spouses when divorce was not socially acceptable.

Attendant's duty uniform, mandatory until 1966, modelled by Wilf Puffer.

– courtesy of Alberta Hospital Edmonton Archives

The creation of the Review Panel and the improved admissions system in the new Mental Health Act was applauded by workers in the mental health field even more than it was by the public. The doctors of psychiatry were given the responsibility and authority they very much wanted in making medical decisions. It was recognition that their professional expertise in the area of mental disease was superior to that of the judiciary, and it was the final acknowledgement that mental disease was more a problem of medicine and health than a problem of law.

By 1966 the capacity at Alberta Hospital Edmonton was for 1,308 patients, while Alberta Hospital Ponoka could accommodate 1,272. In that year total admissions to AHE were 2,050 patients. Of all admissions into both hospitals, only 44% of first admissions were Psychotic, whereas 65.3% of readmissions were Psychotic and 62.18% of those were Schizophrenic. Of first admissions, 17.4% were Alcoholics without Psychosis, 16.8% Schizophrenics, 13.3% Psychoneurotics and 8.9% Pathological Personality.

Dr. Ralph Schrag, the newly appointed Director of the Division of Mental Health, commented in his 1966 Report, "The Division of Mental Health has a broad responsibility for planning and providing service to the people of Alberta in regard to treatment and prevention of mental disorders. The hospital facilities consist of active treatment hospitals at Edmonton and Ponoka; three institutions for geriatric or long-stay patients at Camrose, Claresholm and Raymond; a school hospital for retarded children and an institution for retarded adults and a small unit for emotionally disturbed children all at Red Deer. As yet the increasing number of psychiatrists in private practice and the increasing number of beds in psychiatric units of general hospitals has not significantly reduced the number of admissions to Alberta Hospitals. In fact there was an increase of 220 admissions to active treatment facilities for the mentally ill. The new Mental Health Act continued to function satisfactorily. Fifty-five per cent (55%) of new admissions and sixty-eight per cent (68%) of re-admissions were voluntary. The Review Panels established under the Act investigated 36 complaints from 31 patients – 25 males and 6 females. In only three cases were certificates revoked."

In an era of critical analysis of most establishments and institutions, it was natural for members of the medical profession and related behavioral and social sciences to have a good

A new arrival, held by Mrs. Adam.
– courtesy of Mrs. J. Masson

look at the entire field of mental health care in Alberta. This had occurred prior to and following the 1965 Mental Health Act but it was most intense during the period from 1967 to 1973, arousing public concern that led to a seemingly unending series of provocative stores in the press. Probably the most sensational was a story by G. Tori Salter called "Five Days of Degradation", published in the February 24, 1968, edition of *Canadian Magazine,* a nationally distributed supplement of *The Edmonton Journal.* Writer Salter faked schizophrenia to get herself admitted to Alberta Hospital Edmonton, and later claimed that every one of her senses had been bruised and battered by the time she left. Citing "coffin-sized" beds, foul smelling mattresses, intolerable overcrowding, unsympathetic (even brutal) attendants, bitterly cold rooms, revolting food on dirty plates, no utensils, high-volume din, filthy open toilets, exposed bathtubs, poor medical care, ruthless discipline, censored mail, menial chores, and a host of similar discoveries, she concocted a horror story which Minister of Health Dr. J. Donovan Ross publicly rejected as an "expose" of items which were either completely false or a matter of personal opinion. Dr. Ross did admit that conditions at Alberta Hospital Edmonton were crowded and inadequate but he criticized Miss Salter for looking only at one side in order to make a good story. Not once did the story refer to the bizarre behavior of some patients nor any other problems faced by staff. The writer expressed outrage at the rigid routines, describing, for example, long rows of chairs placed against walls, without adding that the patients themselves moved the chairs from the more sociable circles back to the walls they preferred. Miss Salter ended the article by quoting the new Medical Superintendent, Dr. J. L. Paterson, as saying, "it is utterly impossible to make any pretense of providing optimum care and treatment on our allotted $8.75 per patient-day", a correct statistic taken well out of context.

James Larcombe Paterson had been made Assistant Medical Superintendent in February, 1966, and appointed to the senior position on June 17, the day following Dr. MacPherson's resignation. His professional career had been centered at Oliver since becoming the Clinical Director in 1954, and his experience on medical staff had given him a thorough appreciation of the hospital's background and procedures.

Dr. Paterson had been born on March 31, 1923, in Nanaimo, B.C. but had spent his youth in Donalda, Alberta. After his graduation from the University of Alberta Medical School in 1948, he had interned at Archer Memorial Hospital in Lamont and specialized at Ontario Hospital in London, Ontario, then had taken a year's leave of absence from Oliver to further his postgraduate studies at the University Hospital in Edmonton in 1956.

Never had the mental hospital been subjected to such constant and severe criticism as it was during Dr. Paterson's tenure. It was his misfortune to be appointed at a time when the government of the day, nearing the end of thirty years of power during which it had accomplished much improvement in the social services, was being challenged by an energetic young opposition concentrating on what still had to be done. It was a time of disarrangement for the civil service, sometimes of demoralization at all levels, a state of affairs which is accepted in other parts of Canada and the democratic world as part of the normal political process, but which is always a severe shock to those serving a province in which changes of government are rare (by 1966, only three such changes in Alberta in sixty-one years). Public clamour, fuelled by press stories which were full of confusing half-truths, put enormous pressure on AHE staff at all levels, some reporting after the release of the Salter story that even their children were being subjected to verbal abuse from school-mates.

Unfortunately, fuel was added to the flames of sensationalism with the front-page publication on the same day as the Salter story of parts of the 1967 Annual Report of the Board of Visitors, tabled the day before in the Legislature. That Report was a careful, thoughtful analysis of conditions in all institutions in the province administered by the Department. It credited Alberta Hospital Edmonton with much that was good, especially an increase is psychiatric staff, but *The Edmonton Journal* highlighted details of the most unfavorable comments. There were indeed a number of criticisms to be levelled, indicating that there had been a time lag between the changed perceptions of what services AHE should provide and the provision of the many facilities needed to do so. Particularly cited were a critical shortage of nurses, excessive crowding in two buildings, poor furniture and

inadequate bathroom facilities. The Report criticized the courts for sending remands and the criminally insane to share the same facilities as the mentally ill, and it recommended that senile patients be moved to nursing homes and that the practice of accepting acute alcoholics be discontinued. It also advocated the construction of a chapel to accommodate at least one hundred people, a pay differential for nurses because of isolation, improved transportation for the use of out-patients, visitors and staff, and more occupational therapists.

Dr. James L. Paterson
courtesy of Alberta Hospital Edmonton Archives

Despite the severe external and internal pressure, Dr. Paterson was able to maintain a well-functioning hospital, aware himself that change was desirable and hopefully imminent. During his brief directorship, admissions continued to rise and then levelled off. As of December 31, 1968, there were only about two-thirds as many of the patients "on the books" in Alberta's active treatment hospitals as there had been in 1955. Admissions had increased but modern treatment methods and expanded out-patient services had led to high discharge rates and the resulting lowering of patient populations.

At Alberta Hospital Edmonton several important advances in patient care were made and most services were expanded. There was a program of intensive treatment for those patients who had been in hospital for some period of time. There had been little change in the basic forms of therapy – mainly drugs, individual and group therapy, and electroconvulsive therapy – but greater emphasis was now placed on group interaction. Committees were established in medical, nursing and anciliary staff in order to unify staff in the therapeutic approach. The medical staff increased and included the addition of four psychiatrists in training and, on a sessional basis, three psychiatrists in private practice. Starting in 1968, medical students were trained at AHE and interns were hired during the summer. Eighteen doctors conducted 2,425 out-patient interviews. All forensic cases were centralized in a Forensic Service under the directorship of one doctor, Dr. Brian Dorran. Tuberculosis in 73 patients was treated; many alcoholic patients, for whom a special one-month group therapy program had been initiated in 1967, were sent to the general hospitals or Henwood; continued use was made of the Cancer Clinic; and there were 160 surgical operations and procedures.

Dental services provided 2,338 examinations with 148 consultations. Pharmacist Victor Horon, assisted by Mrs. Helen Blawacky, a pharmacist from Prague, provided hospital service and supplied drugs free of charge to a large number of out-patients. In 1968, a Pharmacy and Therapeutic Committee consisting of pharmacy personnel from Oliver, Ponoka and Red Deer was established through the efforts of a task force, of which Mr. Horon was an original member, in order to overcome the cumbersome tendering process used until that time and to set the highest possible pharmaceutical standards for all psychiatric care centres in Alberta.

The Medical Technology Department (X-ray, Laboratory and Electroencephalography) reported an extremely busy period,in 1968 alone completing 29,305 lab tests (4,217 sent to city laboratories) of 61,544 units, 5,767 X-rays, 522 tuberculin tests, 104 T.A.B.T. vaccine to new staff, 579 E.C.G.'s, 178 E.C.G.'s and 6 Diathermies.

Rehabilitation offered at Halfway House, foster homes and ultimately placement in the community contributed to the decline in patient population. There was particular emphasis on community interaction, with the involvement of patients in community projects in both the new Sheltered Workshop operated in the city and in various occupational and industrial therapy programs at the hospital. The Sheltered Workshop, originally started in the basement of Robertson United Church in Edmonton, was moved to permanent quarters in the downtown area, the opening in November, 1968, being made by Lieutenant-Governor Grant MacEwan. It was staffed by social workers from A.H.E. under the direction of Dr. Walter Hoffman and the supervision of Mr. Lothar Markwort, although it was operated under the private charter of the Sheltered Workshop Society. From the beginning, it was highly successful. Of the 125 discharged and pre-discharge patients involved in 1968, 14 obtained full time jobs and 6 part-time employment directly through the Workshop.

> There are now 28 Workshops in Alberta, usually sponsored by local associations for the mentally retarded. However, a lot was done at Oliver before the Sheltered Workshop was started. I organized the first "Open House" in 1961 or thereabouts and I built up a patient orchestra which was so good it played at the 10th Anniversary of the United Way at the Macdonald Hotel. We also got the Government to pay patients a few pennies for the work they did instead of turning profits over to the Provincial Treasurer as general revenue.

The Sheltered Workshop got into lots of jobs. We got a contract making curtains for trailers, and a program started at the Fort (Fort Saskatchewan Correctional Institute) for prisoners to paint articles from the Workshop. We were the first to take patients on a holiday – we sent them to Jasper for two weeks!

– from a taped conversation with Lothar Markwort, Manager, Sheltered Workshop

A Rehabilitation Committee was established by Occupational Therapy for the purpose of setting up various activity levels within the hospital which could be used as a means to motivate the patients from one level to another until they were discharged. The Crescendo Tearoom, operated by patients on a profit-sharing basis, continued to be a success. At the end of 1968, there were three qualified Occupational Therapists and four O.T. aides in service.

The five psychologists in the Psychology Department continued the testing programs (600 in 1968), the group therapies and the lectures to students.

Recreational Therapy, consisting of a Director and five staff, assumed complete responsibility for recreation in the entire hospital, using the Recreation hall and the wards. Tennis and miniature golf were added to the sport schedules, and picnics held. Bus tours to see Christmas lights and displays in the city were initiated and, to augment the patients' library, a travelling library was arranged to visit all wards, and films were shown on every ward.

The most pronounced change was the integration of the wards in 1968. The male and female nursing staff, once completely separate and apart socially and professionally, had been working together with increasing frequency and, much to the amazement of many old-time male staff, with harmony and proficiency. However, it was the female staff which viewed sexual integration on the wards with the most consternation. When one Charge Nurse was asked by Supplies to name what new items she would need, she reportedly replied, "Get me a barrel of birth control pills and a double-barrelled shotgun!" Even the most optimistic staff were surprised at the smoothness with which integration took place.

The Fire Department was reorganized in 1968 with the appointment of Lorne Vandenberg as the full-time Fire Chief. There were 22 volunteers and in each 24-hour period, 3 were on duty and others were called when necessary. Fire practices were held weekly for the volunteers. All first aid fire appliances were inspected each month and 51 fire lectures, demonstrations and evacuations were held. A second fire truck was purchased.

On December 1, 1967, Versafood Services Ltd. contracted to manage the food services, including the dietary department, of Alberta Hospital Edmonton. At that time the regular daily meals for staff and patients exceeded 2000 and a large number of special diets were prepared for patients. Almost immediately, plans were commenced for rebuilding and renovating the food production area, the staff cafeteria and the general offices as well as the ward services.

1969 Ward Charges. Seated (l to r), Mrs. P. Lienhart, Mrs. E. Wentworth, Mrs. A. Ellis, Mrs. M. Wilkinson, Standing, (l to r), Mrs. A. Bilodeau, Mrs. M. Burkosky, Mrs. L. Lazariuk, Mrs. R. McCue, Mrs. G. Snyder.
– courtesy of Alberta Hospital Edmonton Archives

On November 24, 1967, Premier E. C. Manning and Minister of Health Dr. J. Donovan Ross had announced a comprehensive Mental Health study for the province, under the direction of Dr. W. R. N. Blair of the University of Calgary's Department of Psychology. It was designed to assess resources and evaluate needs for maintaining mental health and treating mental illness, and to make recommendations for the development of an improved comprehensive and integrated program for the diagnosis, treatment, care and rehabilitation of the mentally ill and for the prevention of mental illness in Alberta. It was initially the work of five major groups, namely voluntary organizations and interested individuals, the Division of Mental Health, visiting consultants, a research survey team, and committees of qualified Albertans, including representatives of relevant professions.

1969 Ward Charges. Seated (l to r), Mr. K. Klasson Mr. C. Bragg, Mrs. M. Harle, Mr. J Durocher, Mr. A Pederson. Standing (l to r), Mr. K. Leszczynski, Mr. F. Hadley, Mr. L. Burton, Mr. L. Ternes, Mr. F. Blouin.
– courtesy of Alberta Hospital Edmonton Archives

Their reports were compiled and evaluated by Dr. Blair and his staff in the form of a summary and recommendations contained in *Mental Health in Alberta* (Volume I in April, 1969, and, after a follow-up study, Volume II in March, 1973). The 189 recommendations covered the ways and means of establishing a new delivery system for the care of mentally ill and disturbed persons, based on the principles of early detection and treatment at the community level, with avoidance of hospitalization outside the community whenever possible. The Provincial mental hospitals were to be essential parts of the new delivery system but the roles of Ponoka and Oliver were to be changed to active treatment only, geriatric and alcoholic patients to be removed to other facilities. More and better community facilities were deemed critical to the success of the new system, as were more and better-trained staff at all levels of care.

The 1968 Blair Report was not complimentary of AHE. The Committee on Patient Care was concerned by its geographic and medical isolation. It saw evidence of the seriously overloaded facilities being further stressed by the admission of many different types of medical and social problems which should have been dealt with at the source, and it faulted the City of Edmonton and its general hospitals on that point. It deplored the fact that AHE continued to accept large numbers of alcoholics in spite of the nearby Alcoholism Division unit at Henwood being 90% empty and unused. It found that AHE suffered to a serious extent from remote and inflexible central administration, and that the consequences were negative effects on morale, efficiency and recruiting. The Committee did state that a nucleus of dedicated staff existed at AHE but that they were overwhelmed by the magnitude of their task, having to cope with the intolerable burdens of poor physical faciltiies, gross staff shortages in every category, undue service pressures from within and unfair criticism and administrative obstruction from without. In concluded with, "In every area examined, other than dietary, the standard of patient care at Oliver was found to be quite unacceptable. It must be improved if it is to be considered a treatment facility. In addition, so long as it continues to provide the current quality of care, it must be considered entirely inappropriate as an educational facility. There was ample evidence to indicate that Oliver would serve only to produce a negative effect now on students in any category."

The 1968 Blair Report admitted that the study was being done at a time when both the community concept of mental illness and the continued need for mental hospitals were being attacked vigorously, but it noted that defenders of each still appeared to outnumber the critics. However, both camps were outnumbered by those favouring substantial modifications in the current delivery system and emphasis on behavioral descriptions to disease concepts. The Report concluded that harsh reality dictated that "regional mental hospitals are required as essential parts of the delivery system here and now. It is probable that they will continue to be necessary, although on a reduced scale, for another decade." And finally the statement was made that "it is emphasized now that administrative *authority* should be delegated to local boards of these hospital; that they should cease to come under a special section responsible for 'mental' health; and that representatives of the hospitals should also be members of local and regional coordinating councils."

The Preface stated, "Readers of this document should appreciate that the current system is the target for criticism and change, not the many dedicated people who have been trying to make it work." It went on to say, "I wish to commend the staff of the mental hospitals, who have served constantly and devotedly in a defective system, which is not of their making, while providing the best care within their means for the persons committed to their responsibility".

In spite of that brief comment, many at Alberta Hospital Edmonton believed the statements in the Blair Report with regard to their hospital were unduly harsh and, in some cases, either outdated or inaccurate. Changes had been taking place to improve the delivery system so vital to patient care and treatment, but many such changes were not yet fully operational at the time of the Report's publication.

It was a period of great turmoil, with criticisms and demands from without coinciding in time with criticisms and changes within. Confusion, agitation and a certain amount of disorder were inevitable but nevertheless painful to all concerned.

In spite of the important advances in patient care, the continuous barrage of public criticism levelled at Alberta Hospital Edmonton eventually led to a certain amount of demoralization among staff. They knew better than anyone that conditions at the hospital were less than perfect and they were trying, through their professional organizations and by their own efforts, to bring about improvements. Hospital management did what they could to keep up morale, encouraging various activities and staff publications, but their hands were tied as far as making any really significant change was possible. Neither the press not the public were fair enough to differentiate between the system and the people trying to cope with conditions within it, and so the criticism often seemed to the staff to be directed at them. It was doubly hard to accept such criticism when public and press continued to remain in ignorance of the working conditions at Oliver. Few critics mentioned the determination and skill necessary to care for violent, unmanageable patients who were unable to control even their basic functions, and to do it with kindness and humour day after day. Such pressure was too much, and on March 24, 1969, *The Edmonton Journal* ran a red-lettered front page headline, "Mental hospital staff condemn conditions."

Dr. Paterson's resignation, to become effective June 15, had been dated March 21, as he was planning to go into clinical psychiatric practice in Victoria, B.C. There was speculation in the press that the resignation was in response to the 28-page staff brief (supported by a petition with over 100 signatures of staff members, prepared by a committee of senior staff personnel, former nursing school instructors, doctors, nurses and students), but both Dr. Paterson and Dr. Schrag emphatically denied the allegation.

Dr. Paterson retired from the field of mental health in Alberta with the highest respect of his colleagues in psychiatric medicine and with the sure knowledge that his contributions to the care of the mentally ill had been significant. His service as Superintendent had been relatively brief but it had come at a time of considerable strain due to changing patterns throughout the field of mental health. The following figures compiled by Dr. Paterson gave a picture of the kinds of changes in populations which taxed the hospital's staff and facilities to the limit.

	Patient Population	Admissions	Discharges
1966	1470	2094	1854
1967	1361	2259	2149
1968	996	2281	2338

During Dr. Paterson's tenure, an Outpatient Department had been added to the Administration Building in 1966, No. 2 Building had been renovated for the housing of female patients in 1967 and the Farm Dormitory had been vacated, and three new buildings had been started in 1968, namely Cottonwood (68 beds for males), the A. D. MacPherson Pavilion (two male and two female wards of 112 beds) and the A. R. Schrag Pavilion (four wards of 140 beds, operating room and chapel). It was in 1968 that the original Superintendent's residence was moved from inside the main gate to across the Fort Trail.

For the first time, in 1968, the Members of the Legislative Assembly toured Alberta Hospital Edmonton, conducted by Hon. Dr. J. Donovan Ross.

The reaction of health professionals to the Blair Report and to public attention was, in many instances, rapid. At Alberta Hospital Edmonton, where Dr. C. P. Hellon was appointed Medical Superintendent in 1969, the efforts that had already been made to change were obvious in the text of the 1969 Annual Report, a document of considerable interest when compared with the 1923 Annual Report, with the criticisms of the Blair Report and with the procedures and facilities at Alberta Hospital Edmonton today.

MOVEMENT OF POPULATION

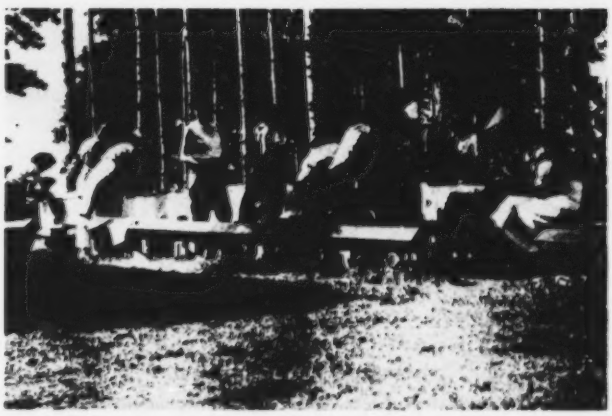
There were 1,188 patients, 682 males and 506 females, on the books on December 31, 1968. The total patient population in residence was 996, 610 males and 386 females. At December 31, 1969, there were 1,059 patients on the books, 650 males and 409 femals, and there were 572 male and 344 female patients, a total of 916 in actual residence. There was a decrease of 80 patients in residence and a decrease of 129 patients on the books from the previous year.

Admission of Patients

During the year 1,370 men and 838 women were admitted, for a total of 2,208, a decrease of 74 over the preceding year. Of those admitted, 1,081 patients, 688 men and 393 women, were first admissions and 1,125 patients, 680 men and 445 women, were readmissions. Two patients were transferred in from one hospital within the Division.

One thousand, one hundred and eighty-nine admissions were by voluntary application, 522 were by two medical certificates, 199 were by one medical certificate, 111 by warrant for examination, one by warrant under The Tuberculosis Act, ten under warrant from the Northwest Territories, 131 were on remand for observation, 43 were admitted on transfer from gaol for observation and none from penitentiary for treatment.

Of the 721 patients admitted by medical certificates, 313 patients or 43.4% signed voluntary forms, and 30 patients who were admitted voluntarily had to be certified (2.5%).



Patients' picnic at Elk Island Park. c. 1962. (Note the homemade sun bonnets.)

- courtesy of M. Woyewoda

Separation of Patients

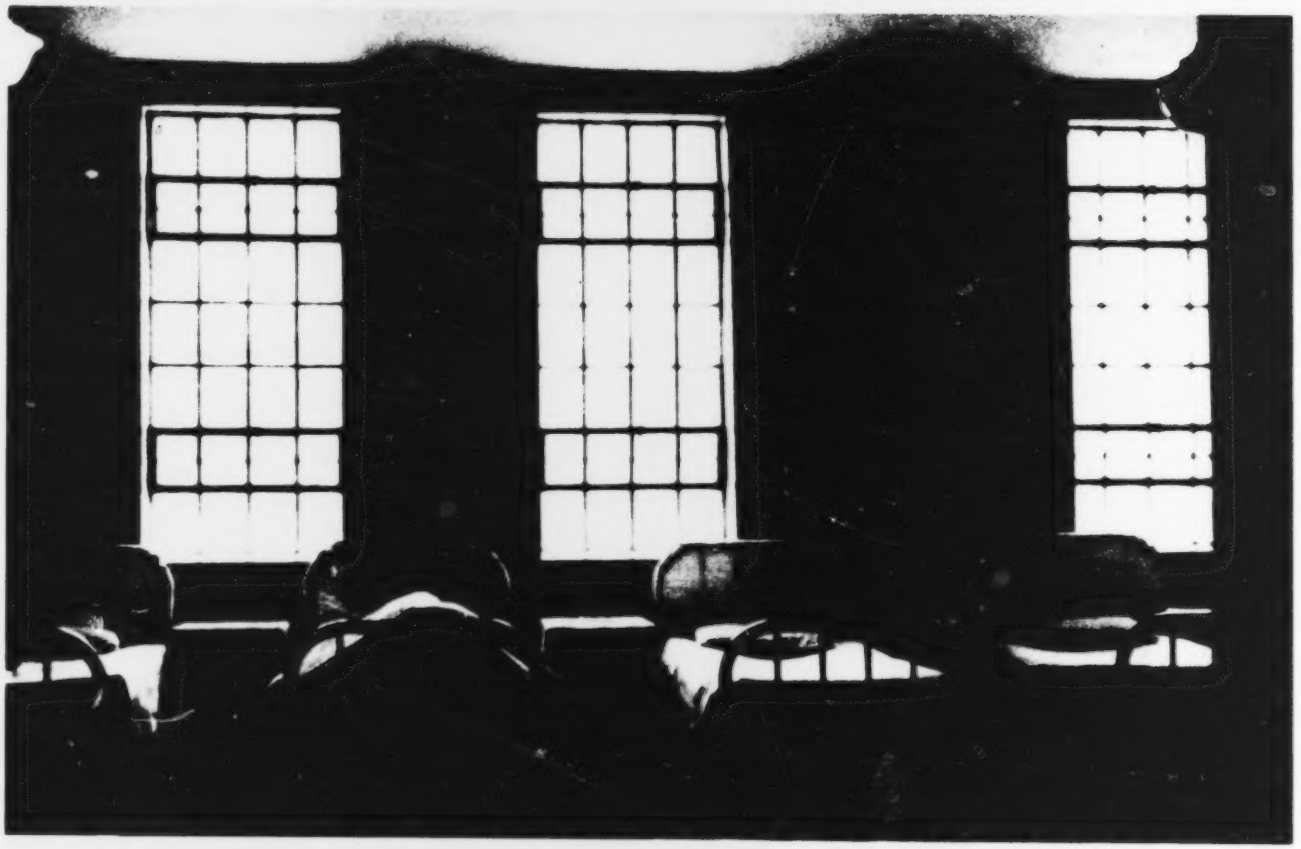
A total of 2,223 patients were discharged, 1,338 men and 885 women. This was a decrease of 114 over the previous year. Of the total discharges, 1,474 patients were discharged direct, 704 were discharged from leave, 45 were discharged from unauthorized leave and one patient was deported. In addition three men and one woman were transferred to other hospitals within the Division. There were 90 deaths.

CLINICAL WORK

A reorganization of clinical work has been commenced. Specialist units have been created and refined to deal with newly admitted, long stay, geriatric, adolescent and forensic patients. The opening of the A. D. MacPherson Pavilion on November 3, 1969, has given the opportunity of developing four separate units (112 beds total) devoted to the intensive care of new admissions. Medical and nursing staff have been concentrated in this area.

The opening of Cottonwood Ward (68 beds) has facilitated progress in the field of rehabilitation of the chronic patient.

The extension of the hospital's work into the community has continued and the first downtown out-patient clinic, consisting of doctor, nurses, psychologist, and a social worker



A typical crowded ward in the Sixties, with just enough room for bedside tables.

– courtesy of R. H. Smith

was established at the Eastwood Public Health Unit. An increase in the use of the Sheltered Workshop occurred.

Electro convulsive therapy was refined; a team of nurses was formed; the procedure was centered in area and the services of a qualified anaesthetist were obtained. An increase in the usage of this treatment resulted.

The number of admissions suffering from alcoholism continued at a high level but towards the end of the year it appeared that general hospitals were beginning to accept more patients in acute withdrawal states.

The number of geriatric patients requiring only nursing home or auxiliary hospital care also remained high.

Dr. J. L. Paterson resigned as Medical Superintendent on June 15th and he was replaced by Dr. C. P. Hellon.

The medical staff increased in number and three private psychiatrists continued to attend the hospital on a sessional basis. Student internees were again employed over the summer and fourth year medical students attended the hospital on a regular basis throughout the year.

Treatment of tuberculosis continued to be successful. All tuberculosis patients in the Division of Mental Health hospitals were treated at this hospital. At the end of the year there were 69 tuberculosis patients, 32 women and 37 men, of whom 14 are considered to have active disease.

A complete overhaul of medical documentation was undertaken and strict rules relating to the keeping of notes were introduced.

The work of the pharmacy increased as new drugs were introduced and as the outpatient numbers grew.

Outpatient Services

This service expanded rapidly, due to the earlier discharge of patients and the apparent inability of the psychiatric services in the city to cope with the demand. Four thousand, two hundred and three outpatient interviews were arranged by medical staff, almost double the previous year. In addition nurses made many more visits to patients in the community for purposes of follow-up. A need for more personnel of all disciplines in this area became apparent.

Nursing Services

During the past year, the Nursing Service Department was reorganized under a unified Nursing Department with decentralization of responsibility to Supervisory and Head Nurse levels. In addition, integration of male and female nursing staff took place. Male nursing personnel are no longer assigned to male wards only, nor are female nursing personnel assigned only to female wards.

The total number of nursing staff employed increased. There was less difficulty in recruiting graduate nurses. Nursing Administration has attempted to provide near opti-

mum staffing in the Admission, Forensic and Adolescent Units. However, a shortage of staff was noted in the Geriatric, Rehabilitation and Continued Treatment Units.

Nursing Committees were reorganized. The purpose of the committee sturcture was directed to all those measures which will improve the care, safety and treatment of patients. Greater participation of nursing staff was facilitated with the expected identification and solution of problems at each level of nursing.

In February 1969, as a supplement to follow-up services already in existence for discharged patients, a hospital based Community Psychiatric Nursing Program began to evolve. To date, eight nurses and one clerical worker are involved in this program. Each nurse has a regional assignment within the City of Edmonton, where this person provides a comprehensive home care program to discharged patients and their families, referred by the various units of the hospital. In addition, each nurse is assigned to several wards, where they attend staff and team meetings in order to participate in pre-discharge planning for the patient.

Social Service Department

This department continued to develop its activities within the hospital and community. Four workers left and six new ones were recruited. Students from N.A.I.T. were supervised in their field training. Following the resignation of the director of the department, it was split into inpatient and outpatient areas, each area being supervised by a Psychiatric Social Worker II.

Placement of patients was made as follows:

a. Auxiliary Hospitals	5
b. Nursing Homes	87
c. Other Hospitals	9
d. Foster Homes	104
e. Halfway Houses	40
f. Other Accommodation	117
g. Sheltered Workshop	182
Total	544

Department of Psychology

The Department of Psychology handled 94 referrals per month over the last three months of the year – a significant increase. The department was reorganized with the designation of psychologists to specific areas. In addition, plans were laid to incorporate psychologists into more treatment programs. One psychologist was charged with developing a varied program of Behavior Therapy. One was allocated part-time to the follow-up service.

Review Panel

The Review Panel held 18 meetings at the hospital and dealt with a total of 51 complaints from 48 patients, 12 men and 36 women. Three patients complained twice on separate certificates. The Review Panel upheld the issuance of certificates in 42 cases and revoked nine.

RECREATIONAL PROGRAMS

Three classes of exercises were held every Monday through Friday from 9:00 to 11:00 a.m. Morning activities also included taking care of the Fashion Centre, Self Improvement on the wards, maintenance of all playing areas, tennis courts, bowling green, skating rink, et cetera.

During the first part of the year patients were confined to inside activities, mostly in Cameron Hall, where between the hours of 1:00 and 4:30 p.m., 30 to 50 patients took part in various games such as volleyball, badminton, et cetera. During the summer months, tennis lessons were held every day, Monday through Friday from 1:00 to 2:00 p.m. About twenty-five patients were involved. Lawn bowling, croquet, miniature golf and softball were also held during the day. Picnics to Storyland Valley Zoo and Al Oeming's Game Farm were held for the various wards approximately three times per month with 36 patients attending each trip.

Softball games were arranged with various teams from the city. Thirty-six patients per trip made weekly visits to the White Cross Centre, 30 trips to swimming lessons, 25 trips to hockey games at the Edmonton Gardens, 30 trips to wrestling, three tours of the city at Christmas, ten trips to Klondike Days, five trips to Shriners Circus, two trips to Fish and Game Sportsman Show, two trips to Ice Capades, one trip to Horseman's Show. Dances were held twice monthly with the staff orchestra, and every other week with records. Movies are held in Cameron Hall once weekly and daily on wards where patients are unable to attend in Cameron Hall, Monday through Friday.

EUGENICS BOARD

Three meetings were held. One male and 16 females were presented (ten were previously seen at the Alberta Guidance Clinic). Eighteen patients were sterilized, some having been passed in previous years.

EDUCATIONAL PROGRAMMES

A total of 24 students, 20 women and four men, completed the three-year course in Psychiatric Nursing. At the end of the year there were 57 students divided as follows: 35 second year students and 22 third year students. The affiliation program for student nurses from general hospitals continued. A total of 220 students was given an eight-week course in Psychiatric Nursing. The average number of students in attendance at each course was 40. These affiliation students came from the Edmonton General Hospital, Misericordia Hospital, Royal Alexandra Hospital, St. Joseph's General Hospital, Vegreville and the Archer Memorial Hospital, Lamont.

Clinical facilities were made available to third year student nurses from the School of Nursing, University of Alberta. Twenty-three student nurses each received four weeks of supervised psychiatric clinical experience.

NEW CONSTRUCTION AND RENOVATIONS

Last year we listed three buildings as being under construction, and we can now report that both the Admission Unit, named the A. D. MacPherson Pavilion and Building Number 11, named Cottonwood, were completed in 1969

and the Infirmary is scheduled for completion during the summer of 1970.

VISITORS

The Canadian Mental Health Association provided the Christmas Bazaar in which gifts were supplied for patients to send to their families and relatives. The attendance at the Bazaar was over 600. Members of the volunteer groups carried out regular programs with patients on a number of wards. The White Cross Centre continued to play an active role with predischarged and discharged patients.

The following church groups were active in visiting at regular intervals: United Church Deaconess and volunteers, Roman Catholic Women, Reorganized Church of Latter Day Saints, Beth Israel Synagogue, Jasper Place Young Peoples and Ukrainian Ladies Benevolent Society. Other groups included the Montgomery Ladies' Auxiliary Royal Canadian Legion, Strathcona Ladies' Auxiliary and the Moose Lodge. There was an average of 20 visiting groups per month.

CONCLUSION

The admission rate for the first eight months of the year showed a decline but over the last few months an increase occurred which strained existing resources. Reorganization occurred in almost all departments with the aim of providing more care directly to the patient in the hope that length of stay might be shortened, chronic patients might be rehabilitated and the bed capacity reduced. All developments were aimed at the improvement in efficiency of service and the Adolescent Unit was initiated in anticipation of a forthcoming increase in youthful referrals."

The statistics for 1969 showed that Alberta Hospital Edmonton employed, for 1107 beds (rated bed capacity: 806), a total staff of 941.

Charles Patrick Hellon had been an Assistant Professor in the University of Alberta's Department of Psychiatry and Consultant to Alberta Hospital Edmonton before his appointment as Medical Superintendent in July of 1969. He was a member of the Blair Study's Northern Mental Health Problems study group. He brought to his new position at Alberta Hospital Edmonton a fine background of training and experience, strong administrative ability, and determination to change AHE into a hospital-based community service with an educative and research function.

Born in 1931 in Birkenhead, England, Dr. Hellon had graduated in medicine (M.B., Ch.B.) from Edinburgh University in 1956 and interned at Leicester Royal Infirmary. After two years as an army psychiatrist, he became Senior House Officer, Psychiatry, Glasgow Southern General Hospital, Scotland, from 1959 to 1961. He was Senior Registrar, Psychiatry, at Moorhaven Hospital in England for four years before coming to Alberta in 1966, having obtained his C.R.C.P. (Can.) Psychiatry in that year. He earned his F.R.C.P. Psychiatry in 1969.

In an interview with *The Edmonton Journal* on October 10, 1969, Dr. Hellon said that the top problem at Oliver was the large number of geriatric cases, about three hundred of whom could go elsewhere if there were any place for them. He

Dr. Charles P. Hellon
– courtesy of Alberta Hospital Edmonton Archives

pinpointed alcoholics as the second major problem, saying that general hospitals were better geared to drying out alcoholics than were mental institutions. He declared, "We have set a target date of August (1970) for accreditation, and we're going flat out for that."

To achieve this it was necessary for Alberta Hospital Edmonton to undergo an administrative transformation, among other improvements, as the hospital organized its special unit system. A professional hospital administrator, Mr. Allan D. Mitchell, B.Comm., D.H.A., was therefore appointed to the position of Executive Director on May 1, 1970. The Medical Superintendent and the Executive Director were jointly responsible for the overall operation of the hospital.

During 1970 the reorganization of Alberta Hospital Edmonton continued at a rapid pace. At the clinical level, additional specialist units were created. Three more outpatient clinics were opened in Edmonton. The hospital-based Community Psychiatric Nursing Program, organized with two nurses, Karen Dobranski and Shirley Capp, in 1969, completed 5,469 interviews, 4,731 of which were in the patient's residence. This program was later re-located in Edmonton and eventually became part of the Regional Mental Health Services.

Early in 1970 the goal of unification of nursing service was realized. The Director of Nursing, Mrs. Sinclair, now headed the Department of Nursing with two Associate Directors of

Nursing Service, Miss J. Davidson and Mr. H. Frerichs, each assigned to a designated number of special function units. Work done by X-ray, laboratory and EEG - ECG services increased by from 10% to 19%. A Physiotherapy Department was set up in the old X-ray section of No. 8 Building. The Psychology Department streamlined its services and moved into the therapeutic realm, treating with Systematic Desensitization (8 patients), Individual Behavior Modification (60), Relaxation Therapy (46), Drug Aversion Therapy (27), Alcohol Aversion (68), Sex Deviation (7). There were 948 patients seen by Psychology for testing and therapy.

With the 1970 appointment of a new Director of the Social Services Department, Bernard Vandemeer, the implementation of a reorganization program began, the priority need deemed to be to relieve the hospital of the excessive number of chronic and geriatric patients. The first phase was a program to find living accommodation, occupational and employment resources and recreational opportunities for discharged patients. Placements were made to Auxiliary Hospitals (10 patients), Nursing Homes (116), Other Hospitals (11), After-Care Homes (133), Half-Way Houses (21), Other Accommodation (89), Sheltered Workshop (124), Other Treatment Centres (6), Rehabilitation Centre (4), Employment (19).

The Occupational Therapy Department expanded its facilities for ward patients and upgraded staff by sending five staff to the Occupational Therapy Aide Course at the University of Alberta. Industrial Therapy acquired ten more power machines and a hand-operated printing press. The two most senior members of the Recreational Therapy Department, Bob Wade and Art Miles, retired but a wide range of programs and activities was continued. A new academic school program for adolescents was started, with teachers supplied through liaison with the Edmonton Public School Board.

> When I was appointed the first Principal at Oliver, I decided to rely on common sense and a human approach and to let all the theories about special education go to "h". One girl responded so well she was able to finish her Grade 10 and eventually go to Alberta College.
>
> A few of the staff were hostile to my ideas and condemning of the student patients' ability to achieve. If they did anything right, they were manipulators. If they did something wrong, it was to be expected. I befriended one lad who had killed his sister when he was fourteen. He turned out to be a gentleman in every sense, but giving him the help he needed was most difficult. It's a long, sad story. I wanted him to go to W. P. Wagner School but while I was on holiday he was sent to N.A.I.T. where he was left too much to his own resources. His marks slipped from 70% to 15%. But the teachers at A.H.E. didn't give up. He did us many favours, like doing the dishes and preparing coffee for lunch for us, so the staff bought him slacks and a sports jacket and T shirt. We loaned money to him to get him started. Today he's married to a teacher and operates his own business. He located me in Kelowna last year and phoned to wish me a Happy New Year.
>
> The most memorable event in my teaching career was a farewell party given to me by my Oliver students when I returned in 1974. It was a surprise, the students doing all the decorating and preparations on their own, and there were a number of candles. Each student brought a mammoth cushion and all were put in a circle on the floor, with me in the middle. Then the lights went out and all those people lying with their feet out behind them, leaning on their elbows, staring at me – I felt surrounded by little owls! I was overwhelmed by their generosity and good will.
>
> *– from a conversation with*
> *Dr. John Dubeta, retired Principal*

All other hospital services continued to evolve along the new organizational lines and, in August of 1970, the Department of Public Works established the position of Physical Plant Manager to improve communication and coordination in providing better physical facilities and services.

In connection with the preparation for Accreditation, Dr. David Cornish, Clinical Director, visited several accredited hospitals during 1970 in order to study their operations and to make recommendations for Alberta Hospital Edmonton's continuing development. He and the Director of Nursing, Mrs. Rose Sinclair, had started the accreditation process in November, 1967, following a preliminary visit from Dr. Moorehouse, a surveyor from the Canadian Council on Hospital Accreditation.

When Dr. Hellon was promoted to the post of Mental Health Advisor to the Government of Alberta on July 15, 1971, he had laid more of the groundwork necessary to the new organization of Alberta Hospital Edmonton. In just two years, he had accomplished much in expanding and improving patient care at the hospital and in committing the community to prevention and rehabilitation services. In 1972 he was made Director of Mental Health Services, where he continued to play a decisive role in improving the facilities at Alberta Hospital Edmonton. He was also instrumental in introducing research, through his encouragement of the proposals of Dr. L. Yeudall and Dr. P. Flor-Henry.

Dr. Hellon retired to private practice in Parksville, British Columbia, in 1979. In January of 1983, he wrote, "Suffice it to say that my work at the hospital was challenging, exciting and satisfying and that despite the fights I have the highest admiration for the staff with whom I worked."

A DECADE OF CONSOLIDATION
1971 to 1982

Swept into the mainstream of the dynamic concepts proposed for mental health care in Alberta which had been defined and then accelerated by the publication of the Blair Report, Alberta Hospital Edmonton in the Seventies faced the challenges of the consolidation of its reorganization as a community-based active treatment hospital where those suffering the pain of mental illness could find the best possible care and treatment.

The passing of the Health and Social Development Act climaxed a year of preparation for the merger of the former Departments of Health and of Social Development into the one department in April, 1971. The major objective of the new Department was to focus on health and social development needs in the province in order to bring about better planning and program development, priority setting and the integration and coordination of total service delivery. Following a provincial general election in the summer of 1971, during which mental health was a major campaign issue, the new Conservative government carried out further organizational change. Effective January 1, 1972, two new areas of priorities were created, namely Mental Health and Services for the Handicapped. A new Mental Health Act (1972), emphasizing community care for the mentally ill and the maintenance of good mental health in the general public, reflected the new importance placed on mental health services. At the same time the Sexual Sterilization Act was repealed and the Eugenics Board disbanded.

Personnel at the Alberta Hospitals in Ponoka and Oliver was both increased and redeployed to other community health services. Such services in cities, towns and rural areas were expanded, resulting in a continued reduction of patients at the two major institutions. The tightening of management systems resulted in major efficiency and cost saving. A bursary program for psychiatrists, psychologists, psychiatric nurses and social workers was established to promote the long-term development of mental health services staff, and research projects were continued with increased support. As a result the quantity and quality of professional staff increased, and thus the quality of care and treatment, in mental hospitals.

Dr. David R. Cornish
– courtesy of Alberta Hospital Edmonton Archives

The public responded with more understanding and approval than would have been expected a decade earlier and, as the Seventies progressed, the goals and problems of mental health, especially at the more personal individual level, became increasingly popular subject matter in the media and in social discussion. It appeared that the attitudes caused by ignorance, fear and aversion toward mental illness were disappearing to a significant degree, and that disturbed individuals would at last find acceptance and tolerance in their own communities.

On June 15, 1971, David Robert Cornish was appointed to the position of Medical Director of Alberta Hospital Edmonton, to participate on the management team with the Executive Director and a committee of senior administrators.

A native Albertan, Dr. Cornish had graduated in medicine from the University of Alberta in 1958 and gone on to successfully complete an extensive program of post graduate work at Calgary General Hospital, St. Thomas Psychiatric Hospital, the University of Toronto (Sunnybrook Hospital, Toronto Psychiatric, Hospital for Sick Children, Queen Street Psychiatric Centre) and Whitby Psychiatric Hospital. In 1963 he had joined the Whitby staff for two years and in 1964 was granted his Certificate in Psychiatry from the Royal College of Physicians and Surgeons of Canada, after which he had become the psychiatrist on the staff of the Regional Mental Health Clinic in Calgary. In August of 1966 Dr. Cornish had been appointed Assistant Medical Director of Alberta Hospital Edmonton, a position of considerable challenge to which he brought impressive credentials of ability and experience. Noted for his approachability and good humour, he became a familiar figure on the wards, and his appointment as Medical Director was greeted with satisfaction by the mental health community.

The 1971 Annual Report submitted by Mr. Mitchell and Dr. Cornish noted in detail the further change and intensification of therapeutic services to all patients which resulted in the more rapid discharge of patients from the hospital. With the improvement of follow-up services for discharged patients, the net result was to reduce both the in-patient population and

Klondike Days as celebrated by AHE staff. (Note dancehall girls in right background.) c. 1969.

– courtesy of L. Markwort

the average length of stay. The 1971 discharge statistics showed that 37.3% occurred within 30 days of admission, 58.8% were discharged within 60 days and 71.3% were discharged within 90 days.

An important change was the firm organization of the hospital into specific services: Admission Service (162 beds), Rehabilitation Service (244 beds), Geriatric Service (290 beds), Forensic Service (36 beds), Adolescent Service (24 beds), Alcoholic Service (40 beds), Mental Deficiency Service (42 beds) and Behavior Modification Therapy (a day program only). Hospital personnel remained organized into their areas of expertise - Medical, Nursing, Technical, Therapeutic, etc. – and were supervised within these areas, but they worked in teams, under the supervision of the Services, made from many disciplines in order to provide each patient with optimum care and treatment from all sources and on all levels. This grid organization became the primary operational structure of A.H.E., although it was modified as needs changed through the Seventies.

The smooth functioning of this system was the responsibility of the Executive Director. After Mr. Mitchell's resignation in January, 1973, Mr. Neal L. Enders was made Acting Executive Director. Mr. Enders had been Business Manager since 1956, a position for which he had trained for one year in order to take over from T. V. Murray, one of the original staff of the Provincial Mental Institute in 1923.

> "An incident that I will always remember happened about two days after my arrival when I received an unannounced visitor in my office. A neat, frail but wiry gentleman wearing what appeared to be a hand-painted tie introduced himself and sat down. He started to discuss some of the previous incumbents of my position. I found it a little strange that he did not indicate to me what his position in the organization was and, wishing not to be impolite, I did not ask. His position was clarified when out of the blue he said, "The other accountant never gave me an answer but I would like to know since I was in Ponoka for 8 years before coming here,and I've been here so many years, how much interest have I earned on the 21 cubic feet of gold bullion that I left in England when I migrated to Canada?" It was only then that I was aware that my guest was a member of our patient fraternity."
>
> *– from a letter from*
> *Neal L. Enders, former Acting Excutive Director*

When Mr. Enders left at the end of 1974 he was succeeded by Mr. Richard A. Wall, an experienced psychiatric nurse trained in hospital administration.

The new position was more clearly defined with the appointment of the present Executive Director, Mr. Gordon McLeod, who came to Alberta Hospital Edmonton in August of 1979 after holding the same position in Ponoka. Mr. McLeod had earned a Psychiatric Nursing Diploma at Saskatchewan Hospital in Weyburn. In 1973 he had obtained a Bachelor of Arts Degree in sociology and economics at the University of Alberta, and a Masters Degree in Health Services Administration in 1976. With his credentials of education and experience, Mr. McLeod brought to A.H.E. exceptional personal and administrative skills, all of which were thoroughly tested during the stresses of accreditation, investigation, physical expansion and reorganization.

Accreditation was first granted to Alberta Hospital Edmonton in January, 1975. An objective which had first been advanced by Dr. Paterson and Dr. Hellon, it had been diligently pursued by Dr. Cornish and Mrs. Sinclair. They had led the hospital's management in a reorganization to meet the standards set by the Canadian Council on Hospital Accreditation. Management committees had to be established, disaster plans revamped, formal medial staff bylaws drawn up and the administration reorganized in order to pass the first review, conducted in September, 1974. On an-

nouncing the citation of Accreditation in October, Dr. James Murray of Toronto, the Council's principle medical assistant, explained that accreditation meant that Alberta Hospital Edmonton was providing good patient care based on an assessment of its professional staff, nursing care, rehabilitation programs, dietary operation, administration and physical plant. The entire staff had responded to the call for the best they could provide, and they took considerable satisfaction in the realization that Alberta Hospital Edmonton was at that time one of the five accredited mental institutions in Western Canada.

The first assessment was made subject to review in two years. Since that time there have been three successive Accreditations of Alberta Hospital Edmonton: 1976, for three years; 1979, for two years; 1981, for three years.

It was the Accreditation process which brought the hospital staff together once again into a cohesive unit. After the demoralizing experiences of the late Sixties and early Seventies, they had again united in their endeavour to attain a most difficult goal. They met the challenge with singular success. The first attempt at Accreditation could have resulted in a "provisional" standing, which would have been satisfactory under the circumstances. On its first try, however, Alberta Hospital Edmonton attained a two-year standing, a triumph of hard work and cooperation and a milestone in the hospital's history. Since 1975, two of the three Accreditations have been deemed Outstanding, with the issuance of three-year licenses.

As the official status of A.H.E. had improved during the Seventies, so had the attention given to the hospital by the public and the press. Comments and stories tended to show more appreciation of the problems and less broadly-generalized condemnation. One story in *The Edmonton Journal* (April 11, 1975), for example, gave equal space to Dr. Cornish's views alongside those of a patient, thus providing a better balance than had appeared in articles written in the Sixties. The newspaper report of an investigation into a patient suicide in 1975 was written in detail but with restraint. Quite often, after a series of media disclosures, such as those written by Karen Harding, members of the professions, notably Dean of Law W. Bowker, voiced their appreciation for the problems and achievements at A.H.E., and members of the general public indicated, through letters to newspapers, a greater understanding of matters in the field of mental health. A.H.E. staff were thus able to accept the 1973 Ombudsman's Report by Mr. George McClellan with greater equanimity and to make those changes deemed necessary without disruption and disunity in their professional and private lives.

A most difficult public disclosure was the report of regular abuse of mental patients at A.H.E., followed by the intimidation of innocent staff during the ensuing government investigation. The 1982 Special Report by Ombudsman Dr. Randall E. Ivany gave full support to the position taken by the Executive Director in conducting an internal investigation and in protecting the rights of the hospital staff during a Departmental investigation, and recommended that the Department of Social Services and Community Health adopt a definition of "abuse". The Ivany Report made twenty-five recommendations to improve conditions at the hospital but Dr. Ivany stated, " I would not want the reader to be left with the impression that my findings, and those of the Department, applied to the hospital as a whole. During the course of my investigation, I visited all areas of the hospital, as did members of my staff on a number of occasions. We were all tremendously impressed with what we saw. First of all, the hospital, on the whole, is modern and the accommodation does not fit the description of a dark, dismal place which is portrayed in works of fiction. The Government, through the Department of Social Services and Community Health, has made a number of moves over the past several years to make the hospital more comfortable for those who are patients there. Of more importance, we were all impressed by the employees generally at the hospital. It is true that we have found some staff who could not cope well, but so far as we have been able to establish, the performance of those few is not indicative of staff in other areas of the hospital, or of the management. In most cases, the staff members I saw in action or whom I interviewed were sympathetic to their patients and, in those cases where treatment was active, rather than chronic, were willing to put in whatever effort was necessary to help their patients. In the chronic care areas, the staff members wanted to make their patients as comfortable as possible, and deal with the needs – physical and otherwise – of those in their care. I have noted that working in a mental institution would not be considered an ideal career for a large number of people. It takes a special type of caring, a special type of sense of purpose to be an asset to patients with mental disorders. On the whole, I think that the staff at the Alberta Hospital, Edmonton, and the administrators of the hospital have demonstrated that type of caring and dedication. Knowing that there have been proven cases of patient abuse has upset most of them a great deal. It is my hope that rather than dwelling on the problem there will be a resolve towards excellence for, as I have discussed, abuse will not come from one who truly cares for those being served."

During the course of the Ombudsman's investigations, Bill 70, an Act to Amend the Mental Health Act, had provided for the creation of a Board to be responsible for the operation of Alberta Hospital Edmonton. Appointed by Minister of Social Services and Community Health, Hon. Robert Bogle, the Board's first members were Mrs. Neli Jackshaw of Edmontn (Chairman), Mr. Edward Poznansky of Edmonton, Mr. Don Sieben of Athabasca, Mrs. Rita Thompson of Olds, Mr. A. D. Castle and Mr. Harold Gibson, both from Calgary. The six-person Board assumed responsibility on October 1, 1982, some years after its proposal in the Blair Report. Its first meeting was held on October 6, at which it made decisions for the period of transition and took legal control of Alberta Hospital Edmonton.

Many organizational and procedural changes had taken place during the Seventies in order to follow more closely both the conditions of Accreditation and certain of those philosophies and concepts of mental health outlined in the Blair Report (1973), although some of the latter's criticisms were somewhat outdated by the time of publication.

The joint directorship of the Medical Superintendent and the Executive Director had been redefined and each position given separate and specific responsibilities. To assist the new structure, administrative services were further expanded and the staff, facilities and procedures vital to the patients' well-being were improved and expanded. The primary focus of the hospital's activity and growth became patient care and treatment, for which the physical structures were considered important only as they facilitated and enhanced that objective.

The most noteworthy addition to the physical facilities of A.H.E. was the construction of a large, modern forensic building.

> "I am sure by now the new forensic unit is in operation. I was fortunate in the early seventies when early planning was underway to visit treatment units in Toronto, as well as Ann Arbor, Michigan, Middletown, Connecticut and Patuxent in Maryland. I remember those of us that went all agreed that what we saw was mostly what we hoped to avoid for A.H.E."
>
> *– from a letter from*
> *Neal L. Enders, former Acting Excutive Director*

Contrasting Architecture. Aerial view of the new Forensic Pavilion and the older Buildings No. 1, No. 2 and No. 4.
– courtesy of Alberta Hospital Edmonton Archives

On September 24, 1982, the $21.9 million Helen Hunley Forensic Pavilion, named after a former Minister of Health, was officially opened. The 192,500 square foot building, containing 150 beds in 7 wards, included full laboratory facilities, the headquarters for the hospital's neuropsychology and research department and a recreational activities area with a swimming pool, gymnasium, weight-health room and 300-seat auditorium for the use of patients and staff. Dr. Melvin Goldzband of the University of California, San Diego, noted "A building like this, if properly staffed, can do wonders for forensic psychiatry in general in North America." Designed by Paul Garrick, the Helen Hunley Forensic Pavilion was cited for its excellence of design and planning when it earned a citation in the 1982 City of Edmonton Architectural Awards Competition.

The additions and improvements made through the Seventies and early Eighties until the change to Board governance took place in all of the hospital's departments and services. The Executive Director, Gordon McLeod, was thus able to guide the staff of over one thousand into a period of transition demanding relatively few major organizational changes as the necessary adjustments were made.

The positions of Executive Assistant and Public Communications Officer, both created in 1981, were designed to assist the Executive Director in his myriad duties, to maintain good working relationships within the hospital and with outside agencies, and to increase understanding and awareness of the hospital's functions among the general public and the media, thereby eventually removing the stigma of admission to a mental hospital. The Personnel Department, enlarged since its opening in 1966, was reorganized into three major sections involving staffing, employee relations and staff development.

The role of the Medical Director continued to change, from direct supervision of the medical staff and clinical departments, to overall responsibility as Associate Executive Director, Clinical, for clinical work, education and research, assisted by an Assistant Exective Director of Assessment and Treatment. By the end of 1972, clinical services, each managed by a Director, had been concentrated into four expanded areas, namely Admissions Service, Rehabilitation Service, Forensic Service and Geriatrics Service (adolescents going to Linden House, alcoholics to Henwood and mental defectives without psychoses to Michener Centre).

The Admission Service, charged since 1975 with permitting or denying admittance to A.H.E. and with providing an out-patient service, now has 145 beds (occupancy rate – 96.9%) in the MacPherson Pavilion, No. 9 Building and Cottonwood. Staffed by 11 physicians, 75 nurses assisted by 41 aides and 5 ward clerks, 7 pschologists and 7 social workers, 4 occupational therapists and 2 recreational therapists, it provides, as well as medical care, a number of programmed activities including physical exercise, recreational leisure, personal interest and basic living skills, assertiveness training, pre-discharge counselling, relaxation training and group therapy. From 1976 to 1982 admissions

in the Service dropped from 1112 to 786 and discharges from 1037 to 727, and the average length of stay rose from 39 days to 55.6 days. From 10 to 25 patients are seen monthly on an out-patient basis.

Growing rapidly since its creation in 1969 and the 1974 decision to make it the single recipient of forensic cases in Alberta, the Forensic Service operates a remand ward, an intensive psychiatric care ward and wards for long and short term offenders requiring specific treatment and rehabilitation structures. It also operates Forensic Assessment and Community Services (F.A.C.S.), an out-patient clinic in Edmonton. The hospital staff includes 7 psychiatrists, 10 psychologists, 2 neuropsychologists, 8 social workers,106 nurses with 61 psychiatric aides and 7 ward clerks, 6 occupational therapists, 4 recreational therapists, and 3 school teachers. A force of 16 provides security for the Forensic Building. F.A.C.S., providing service to 1000 new clients a year, is staffed by 6 psychologists, 4 part-time physicians, 3 nurses and 2 social workers.

"The Board of Review has just completed a week long review of patients in Alberta Hospital Edmonton who are detained under Lieutenant Governor's Warrants and noted a dramatic improvement in the mental condition and attitude of many of the patients reviewed.

The Board was informed that this remarkable change is attributable to the accommodation provided by the new forensic unit with its facilities, increased nursing staff permitting better patient care and attention, and new programs made possible by the additional treatment personnel. The Board feels it is due also to the fine spirit of cooperation that appears to exist among the medical staff with the hospital staff.

It is hoped this very evident improvement will continue wih the development of these programs and others, without restrictions due to financial consideration that might put same in jeopardy."

– from a letter by
Mr. Justice Neil Primrose, Chairman, Board of Review

1969 Supervisors (l to r), Mrs. M. Abramowski, Mrs. E. Church, Mrs. R. Kennedy.
– courtesy of Alberta Hospital Edmonton Archives

The beds of the Psycho-geriatric Service, divided into 8 nursing units in the Schrag and Young Pavilions, are staffed by 3 physicians, 160 nurses and aides, 5 ward clerks, a home economist and remotivation therapy coordinator, 4 social workers, 2 occupational therapists and 2 recreational therapists. The opening of the Schrag Pavilion in 1971 and the renovations to the old T.B. Building, re-opened as the Young Pavilion in 1979, allowed for smaller groupings of patients and greater homogeneity of care levels. The primary focus is on retardation of functional loss, opportunity for social interaction, family counselling, and close liaison with nursing homes, auxiliary hospitals and the community as a whole.

Active rehabilitation programs established in the Sixties, such as the Half Way House, the Sheltered Workshop and the Community Psychiatric Nursing Program, were joined in 1970 by an Intensive Care Rehabilitation Nursing Team of 6 nurses to work with special chronic patients and in 1972 by the Edmonton Day Centre for the unemployed mentally handicapped. The Rehabilitation Service, established in 1972 but not defined until 1976, now is staffed with 4 psychiatrists, 2 psychologists, 4 social workers, 134 nursing staff (including aides and clerks), 3 occupational therapists, 3 recreational therapists, 4 school teachers and a home economist. The 154 beds are located in No. 2, No. 4 and No. 9 Buildings and Cottonwood, all of which have special programs to improve social skills. In 1981, the Rehabilitation Service received 92 referrals, 42 from within the hospital, 27 from outside agencies and 23 direct admissions from physicians and other care programs.

The Dental Service and the Chaplaincy Service continue to report to the Associate Executive Director, Clinical. In July of 1982, A.H.E.'s dentist, Dr. J. Pierce, was honoured with a fellowship in the American Academy of Dentistry for the Handicapped. In 1974, the first resident chaplain, Rev. David Archer, was appointed as Coordinator of the Pastoral Care Coordinating Committee formed in 1970, and in 1976 the position of part-time chaplain was filled. During 1981 the position and program for accredited Supervised Pastoral Education was approved.

1969 Supervisors. Seated (l to r), Mr. M. Antoniuk, Mr. K. Anderson, Mr. C. Zimmerman. Standing, Mr. K. Wright
– courtesy of Alberta Hospital Edmonton Archives

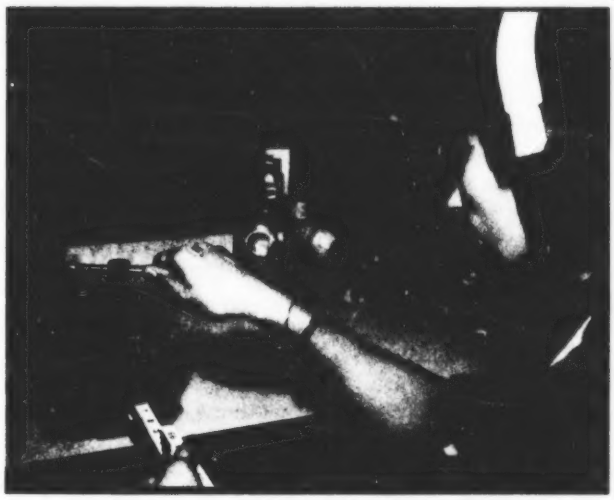
The various departments devoted to treatment and assessment continued to develop and expand in the Seventies. Psychology, reorganized in 1969, grew from 5 members to 21 by 1982. Its admission service provided 469 routine psychological assessments over 5 wards in 1981 and a psychologist was assigned to each ward in 1982. Family therapy, relaxation training and assertion groups were added to psychotherapy programs in 1982, assessments were done and therapies designed for patients in the Admissions and Forensic Services. The Therapeutic Management Unit was developed to provide intensive training to improve deficient social skills and reduce inappropriate manipulative behavior through a token economy and other behavior therapy techniques. The Director of the Department of Psychology is Chairman of the Research Coordination Committee, established in 1971.

Neuropsychological investigation of psychiatric and criminal disorders began at Alberta Hospital in 1972 in the Department of Psychology. In 1974/75, the Department of Neuropsychology and Research was formed at the Hospital. The Department has played a fundamental role in the establishment of a neurophysiological basis in the psychoses and criminal disorders. A major thrust of the Department has been the development of a computerized clinical system utilizing neuropsychological, psychophysiological, quantitative EEG and evoked potentials information for assisting in differential diagnosis and prediction of therapeutic response to medication and behavioral intervention. It has provided the major research and personnel support for Dr. Pierre Flor-Henry's evaluation of his theories of asymmetrical brain dysfunction in the major psychiatric illnesses, which now have been accepted internationally and which provide an impetus for new directions in psychiatric research around the world.

Research in the Department over the last 10 years has also contributed knowledge as to the significance of neuropsychological factors in various other persistent disorders including criminal psychopathy, juvenile delinquency, dyslexia, learning disabilities, hyperactivity, stuttering, aggressive-violent behavior, hysteria, panic attack syndrome, homosexuality, and alcoholism.

The Approved Home Program developed by the Social Services Department in the Seventies proved to be the largest and most successful in Alberta. In 1981, the year prior to its transfer to the Edmonton Region, it accommodated 192 patients in 45 approved homes. In 1979 Social Services was also most instrumental in the development of the Group Home for forensic patients, which it continues to monitor to ensure financial stability and adherence to treatment programs. The Coordinator of Volunteer Services works under the direction of the Social Services Department.

The Physiotherapy Department, opened in 1970 with two staff, commenced proper assessments and record keeping in 1976. Its services and programs now provide assessments and treatments for referred patients, maintenance and remotivation classes for geriatric patients, exercise classes for patients and staff, and in-service training for Nursing.



Vocational evaluation and training in Occupational Therapy, demonstrated by Linda Forster, c. 1983.
– courtesy of Alberta Hospital Edmonton Archives

The unique structure of the present Medical Technology Department, incorporating X-ray, Laboratory, E.E.G. and E.C.G. as one, is the result of its past history at A.H.E. It's staff hold some of the lengthiest work records in the hospital. In 1971 all services moved to No. 10 Building and were brought together in 1972 into one Department. Since 1974 it has become upgraded and modernized to handle more sophisticated techniques and procedures and now includes CT scanner equipment.

Documentation of clinical care was completely reorganized and improved in 1969 and the vital Department of Clinical Records moved to more adequate offices in No. 10 Building in 1976. To meet accreditation standards, it maintains services in transcription, statistics, microfilming and information retrieval.

The Supervision of the Department of Recreational Therapy was transferred from Nursing in 1971. Since that time the creation of a Director and an increase of staff have allowed a greatly expanded series of programs. In 1977 the Recreation offices, a drop-in area and the Cameron Hall gymnasium were demolished to provide space for the building of a forensic unit. Relocation was in No. 9 Building and in an inflated structure, called "The Bubble", until new facilities (gymnasium, swimming pool, auditorium, health and weight room) were opened in the Helen Hunley Forensic Building in 1982.

Occupational Therapy, responsibility for which was shifted from Nursing in 1969, expanded in the Seventies to include programs developed specifically for Geriatric and Admissions as well as Rehabilitation, and the ongoing development of new programs for the Forensic Service. The focus of Occupational Therapy remains on working with the patients to promote to the fullest their independent functioning by providing opportunities for learning, improving and expanding their basic living skills, such as self-maintenance, their work preparation and their interpersonal skills. To the work experience programs for patients which have been

developed over the years have been added vocational exploration and evaluation in order to provide the patient with more complete inner resources, confidence and enthusiasm to meet the challenges of realistic living.

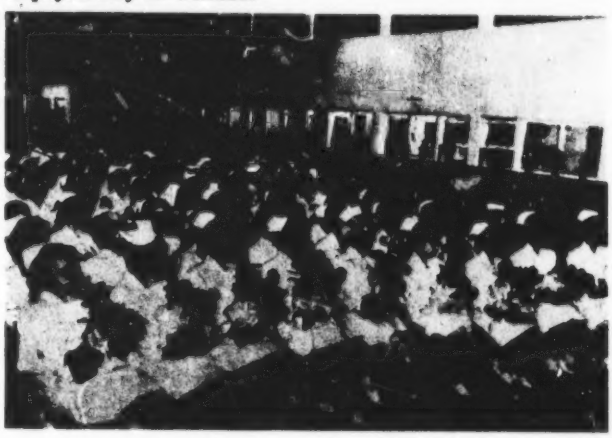
Administration and Finance provides the necessary financial resources and support services for optimum patient care, including dietary services and hospital services such as laundry, library, housekeeping, purchasing, audio-visual, admitting/switchboard and transport, with 258 staff. Records show that budgets have increased from $5,415,620 in 1968 to $27,702,320 in 1982 and costs per patient per day have climbed from $7.26 in 1965, $13.51 in 1968, $37.44 in 1974 to $135.62 in 1982. As part of the transition to Board governance, A.H.E. has adopted the Alberta Hospital Association payroll and financial system, utilizing the codes of the Canadian Hospital Accounting Manual.

Now situated on 1,200 acres of land, Alberta Hospital Edmonton has 220 acres of lawns, 9 miles of roadways, 15 miles of underground piping, its own water and sewage systems (complete with water tower and reservoir), 12 large hospital buildings housing 650 patients, 23 staff houses, greenhouses producing 100,000 bedding plants yearly, a power house with a steam turbine, and recreational facilities. It is Physical Plant and Planning, one of the oldest departments associated with the hospital, which maintains these, providing a full range of shops including Carpentry, Plumbing, Mechanical, Labour, Fire Prevention, Electrical and Electronic, Painting, Locksmith, Upholstery, Welding, Automotive and Stores, with a staff of 57 persons.

The Housekeeping Department had to expand as new buildings and facilities were added to the hospital. In the early Seventies, Mrs. Powell, denied the financing and staff she thought essential, submitted a report to Mr. Enders in which she listed the square footage of every floor in every room in every building at Alberta Hospital Edmonton (including closets) and all windows (inside and out), mirrors and glass doors – thereby establishing beyond doubt the enormity of the task of cleaning floors and polishing glass. The present Housekeeping Department under the directorship of Mrs. Nancy Gordon continues to maintain exceptional standards to provide for the comfort and health of patients and staff.

The School of Nursing underwent considerable change in the Seventies. Between April, 1956 and August, 1971, a total 3,079 students from general hospitals in Alberta participated in the affiliation Psychiatric Nursing Program at Alberta Hospital Edmonton, a program which was discontinued as psychiatric facilities became available in general hospitals. By September, 1971, the number of Graduate Psychiatric Nurses of Alberta Hospital Edmonton's School of Nursing had reached 436 and the Class of 1971 was the last to graduate from the three-year Psychiatric Nursing Program. In September of 1970 a two-year Psychiatric Nursing Program had been introduced to replace the three-year Psychiatric Nursing Program, and from that time to September 1, 1981, a total of 234 Psychiatric Nurses graduated from the Two-Year Psychiatric Nursing Program.

From 1953, when the first full-time instructor, Nessa Leckie, was employed, the School of Nursing has developed and expanded into a large and vital department with a staff of instructors under the direction of Ms. Anna Laberge. Of the many graduates, one of the most unusual may be Tim Gilesse, who earned credentials as a Registered Psychiatric Nurse, a Registered Nurse, a Doctor of Medicine (now completing post-graduate work in Psychiatry), perhaps a unique training in psychiatry in Canada.



School of Nursing Graduation Ceremony.
– courtesy of Alberta Hospital Edmonton Archives

The Nursing Department worked diligently during the 1970's to improve the quality of nursing care. Every effort was made to meet "Nursing Service Department" standards as outlined by the Canadian Council on Hospital Accreditation. Major organizational changes were made and team nursing was adopted as the method of patient assignment. As a member of the multidisciplinary treatment team, nursing staff become more involved in therapeutic programs. Nursing histories were instituted and additional emphasis was placed on Nursing Care Plans and Nursing Audits, both retrospective and concurrent, were done on a regular basis. Policy and procedure manuals were under constant review and revision.

During 1981, Nursing Administration developed and implemented a Quality Assurance Program. This program sets and monitors the degree of excellence in nursing care provided to and received by the patient. Inherent in this program are the existence of the philosophy and objectives of the Nursing Department; standards of nursing service, nursing practice and nursing care; committee structures which ensure that nursing care, education and research reflect current nursing knowledge; and monitoring tools comprised of concurrent and retrospective audit, nursing care plans, nursing records, nursing history, patient classification, patient evaluation and a performance appraisal system. Nursing staff's involvement in the development, implementation and evaluation of the above tools has been extensive.

The Alberta Hospital Edmonton patient classification system was implemented in 1981. This system, which allows for the determination of variable staffing needs on a daily basis, is also used to justify annual nursing manpower budget

Mrs. Rose Sinclair
– courtesy of Alberta Hospital Edmonton Archives

requirements. Also the Nursing Research Committee, established in 1980, has completed a number of significant studies.

The Associate Executive Director, Nursing now supervises the Nursing Directors of each of the Services, the School of Nursing, Central Supply and the Health Nurse. Mrs. Rose Sinclair was appointed to this senior position in 1982.

Mrs. Rose Sinclair received her diploma in Nursing from the University of Alberta in 1943. Following graduation, she was employed at the University Hospital for a brief period, followed by six months' employment at the Provincial Mental Institute. She and her husband moved to Toronto where she worked at the Wellesley Street and Toronto East General Hospitals as a staff nurse and assistant head nurse for a period of three years.

In December, 1948, Mrs. Sinclair rejoined the staff of the Oliver Institute. At that time her original plans were to work for one year to gain further experience in psychiatric nursing, but she went on to hold various positions at the hospital as a staff nurse, Assistant Matron, Matron, Superintendent of Nurses, Director of Nursing and, now, Associate Executive Director, Nursing.

During her employment at the hospital, Mrs. Sinclair completed the Nursing Unit Administration Course. In 1967, on the occasion of the 100th Anniversary of the Confederation of Canada she received the Centennial Medal. In 1977, she was honoured with the Canadian Silver Jubilee Medal as an expression of appreciation of worthy and devoted service, and, in 1980, she was given the Alberta Achievement Award for excellence in Psychiatric Nursing.

In addition to these awards, Mrs. Sinclair most certainly deserves an award for endurance and patience, although her colleagues on the staff in 1948 will attest to the fact that she vowed she would never be here twenty years, nor even ten, as some of them already had been. Her co-workers from the early Fifties remember her as a diligent, dedicated nurse. They still see her in the old office by the elevator on 5A.

> Those were the good old days! She made rounds every day. She knew all the patients and staff by name. She often came to help us put aggressive patients in hydrotherapy and sedative packs – she seemed to have a special knack with disturbed patients . . .
>
> *– from Mrs. Hazel McLaren, Staff Nurse*

Mrs. Sinclair was always very caring and concerned about both patients and staff. In the early days she did all the duty lists, and she also made up the bus list which included each staff member's address to ensure that the driver would leave no staff behind.

> Wearing her station wagon coat, she rode the old green bus with the rest of us. Regardless of status, women sat in the back while the men sat in front.
>
> *– from Mrs. Hazel McLaren, Staff Nurse*

Mrs. Sinclair's colleagues can only think of one occasion in which she submitted to peer pressure. It seems that she had been doing some knitting but she kept dropping the purl so with a little prompting she quit knitting and took up smoking instead; however, even with a fair amount of coaching, she never did become a good smoker.

> "In the Sixties, Mrs. Sinclair decided that it was time she learned to drive. She took all her lessons around the hospital grounds. We used to tell her that for patient safety, all walking ground privileges were cancelled while her lessons were going on."
>
> *– from Mrs. P. Lienhart, retired Head Nurse*

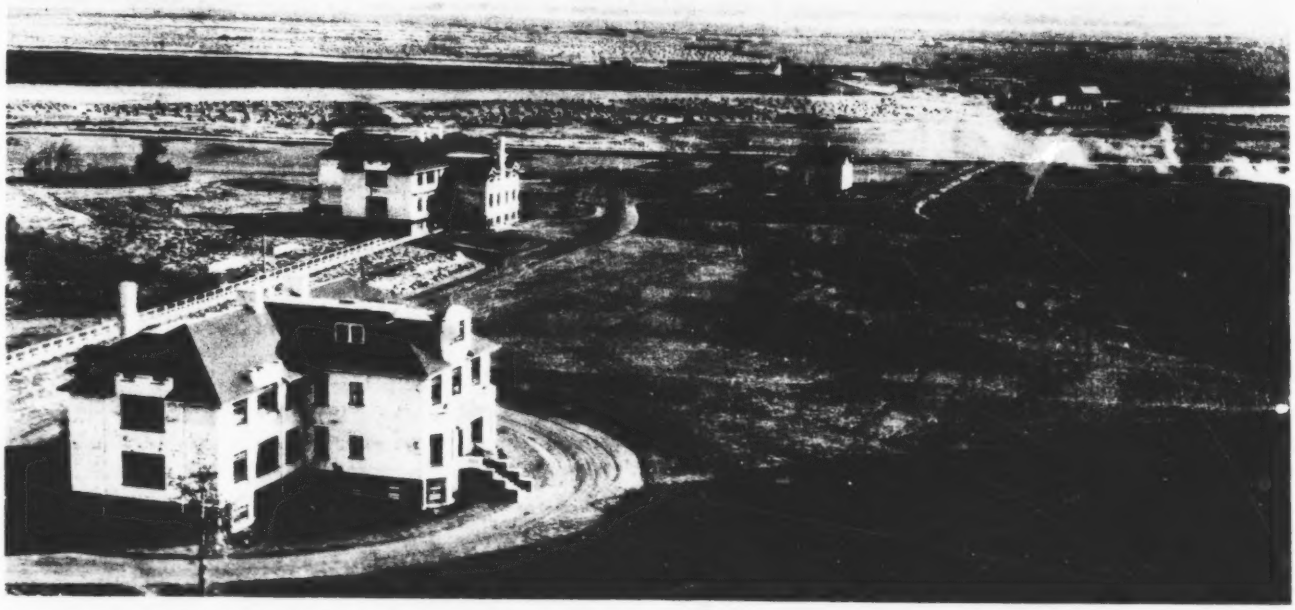
Until very recently, Mrs. Sinclair made rounds on all the wards on Christmas Day and New Year's Day a custom which all the staff appreciated.

For many of the students, Mrs. Sinclair was "Our Second Mother". She took a great deal of interest in the girls in residence and provided them with guidance in personal as well as professional growth and development.

> "If one of the girls was caught in some kind of mischief she would be required, by Mrs. Sinclair, to write an account of what happened. Then, to add insult to injury, she corrected us on our grammar."
>
> *– from Mrs. Edith Greene, Head Nurse*

As strict as she was, she always respected those who stood up for their rights and she was fair. Somehow she managed to keep track of everyone's marks and clinical performance. She attended all capping and graduation ceremonies, and personally borrowed the silver tea services for the graduation tea.

Over the years, Mrs. Sinclair has created a bond between the nurses of Alberta Hospital Edmonton, who feel that she has always been a model nurse and nursing leader. She has been the motivating force behind the changes which have moved nursing from what it was in 1948 to what it is today. Mrs. Sinclair has also been one of the primary motivators and directors of Alberta Hospital Edmonton's drive toward its



A reminder of the beginning of Alberta Hospital Edmonton, showing the first buildings, cultivated land and the Oliver grain elevator in the background. c. 1927.

- courtesy of G. Scott

place of leadership in psychiatric care and treatment. To her special personal and professional qualities must go recognition for many of the hospital's achievements.

The past few years have seen significant changes in both the structure and responsibilities of the Nursing Department. The consolidation of these changes and their ongoing evaluation are indispensable if the advances made in nursing care are to be maintained.

It is still possible to trace several features of Alberta Hospital Edmonton's past history in the large, highly-organized hospital of today. Much remains of the original physical plant started in 1923 and of the structures added since then, and the extensive grounds continue to provide a setting of outstanding beauty. Perhaps most important is the continuing tradition of devotion to duty by the staff, now more highly trained and motivated, but still dedicated to the care and treatment of the mentally ill. Credentials and numbers have risen, but to the outsider the most significant signs of an exceptional group of workers are the many long service records, the number of family groups (like the Bragg family, of which five members have been employed at Alberta Hospital Edmonton since the first joined the staff in the Thirties), and the continuing high level of esprit de corps. The latter is symbolized by the continuous stream of events in which staff from all departments and sections participate. These events range from professional in-service education at all levels to special occasions such as Klondike Days and graduation ceremonies (for patients, in some cases, as well as the more traditional ceremonies for nursing students). Then too, there is an array of sporting events, for which the department members vie for the Challenge Cup, an unusual but much-prized trophy donated by Occupational and Recreational Therapy.

As it goes through the Eighties, its seventh decade of service, Alberta Hospital Edmonton continues to grow in professional capability, educational resources and research development, all carefully coordinated and unified to provide optimum care and treatment for the mentally ill patient. It has become recognized as a major mental health facility in Canada and one of the centres of leadership for continuing progress in the entire field of mental health.

A POSTSCRIPT

"If you do not think about the future you cannot have one."
John Galsworthy

"The future is purchased by the present."
Samuel Johnson

Our chronicler has wiped her pens, closed her book and finished her story. She has given us an accurate and human account not only of a physical hospital but of people, patients and staff, whose lives have been intertwined with the Alberta Hospital Edmonton. The reader is left with a tremendous respect for the staff that preceded us. Their dedication, loyalty and expertise laid the groundwork for what we are doing today. They have left us an obligation to continue the best patient care possible, which has always been the primary purpose of this hospital. Today, we have gained from the past and must plan for the future. We know from history that this hospital is affected by changes in the community of which it is a part. At present, a new Mental Health Act is being prepared which will directly affect the role and operation of the Alberta Hospital Edmonton. This influence will, no doubt, be well-described in the next documented history.

The future of psychiatry is in the community. The Alberta Hospital Edmonton is beginning to reassess its role as a community agency. There is a realization growing that communications with our community could be better. Developing and nurturing this will be part of the future. There is a strong trend for the hospital to reassert itself in the development of out-patient services and community programs. The vitality and viability of psychiatric hospital as being small and very highly specialized with a network in the community of resources so that continuity of patient care can be maintained. Continuity of patient care is a concept still adhered to by health care workers. A strong research component will continue at the Alberta Hospital Edmonton to help clinicians further refine their assessment and treatment of patients. The Alberta Hospital Edmonton has always been dedicated to providing educational resources in the field of psychiatry to all health disciplines and other professions interested in the field. This will, no doubt, continue and expand.

The future is exciting. It is a responsibility we have to plan for now. We can only hope future generations of staff will look back on us as kindly as we look back on those we followed.

David R. Cornish, M.D.
Associate Executive Director, Clinical
Alberta Hospital Edmonton

May, 1983

OTHER INTERESTING FACTS

Just north of Alberta Hospital Edmonton, the Fort Trail makes a sharp turn to the east. On the west side of the corner stood the old Half Way House, a name sometimes incorrectly given to the early Provincial Mental Institute. It was built as an inn by Charles Paquelet, perhaps as early as 1884, and used, among other things, as a school for twelve local youngsters nearly eight years before a school district was organized. Until 1928, Half Way House was a landmark in the area, noted for its hospitality and convivial atmosphere – and sometimes a "stopping place" where Oliver attendants found absent patients!

During the late Thirties, for reasons which no one comprehends, the fox farm at the Provincial Mental Institute had, in tanks on its premises, two duck-billed platypuses, those rare and exotic egg-laying mammals found only in Australia and Tasmania. Nothing is known of why, where or how they came, nor of where they went.

There were a number of accidents on the Fort Road which led to several victims being treated by medical staff at the Institute. However, it was unusual when a passerby was delivered of a baby, an event which happened in 1956 to Mrs. Olive Scholes who had to interrupt her journey to deliver a baby boy in the Infirmary. Tragically, the infant lived for only four days. The really unusual fact is that his sister, Mrs. Susan Hampel, is now an employee at Alberta Hospital Edmonton, in the Neuropsychology Department.

HEADS OF DEPARTMENTS THROUGH THE YEARS

The names used to designate the various departments are not always accurate because of the many changes in nomenclature during a period of sixty years. Departments are positioned in order of the year they were created.

Medical Superintendents
1923 - 1929 Dr. D. L. Dick
1929 - 1930 Dr. C. P. Fitzpatrick
1931 - 1947 Dr. W. J. McAlister
1948 - 1966 Dr. A. D. MacPherson
1966 - 1969 Dr. J. L. Paterson
1969 - 1970 Dr. C. P. Hellon
1970 - present Dr. D. R. Cornish

Business Administration
1923 - 1956 Thomas V. Murray
1956 - 1974 Neal Enders
1974 - present Ken Rumohr

Chief Attendants
1923 - John Marshall
Grif Roberts
Frank Booth
Owen Hughes
Frank Mather
William Allanach
Herb Frerichs
Garnett Smith

Maintenance
1923 - 1955 William Scott
Charles Cameron
Tom David
Frank Kapuscinski
- 1982 Alex Stuart
1982 - 1983 Clint Moore (Acting)
1983 - present Tom Collier

Gardener
1923 - Alex Paton
Dave Blakely
Walter Lutz
Don Darling
- present Daina Hardwick

Engineer
1923 - 1956 George Muir
Fred Wilson
Bob Cunningham
John McMahon
Lorne Underschultz
Ted Scott
Alf Gibson
Bill Bentley
Kim Gibson
- present Clint Moore

Laundry
1923 - 1939 Herbert Cumberpatch
1939 - 1961 Joe Bragg
1961 - 1966 Kurt Weiberg
1966 - 1982 Richard Harper
1983 - present Mohamed Rajabali

Kitchen and Bakery
1923 - E. G. Thorne
G. Robinson
Wynn Reese
J. Woods
Fritz Schneider
Sid Watson
R. Rossiker

Assistant Medical Superintendents
- 1931 Dr. Gage Brearley
1931 Dr. Iver Lefsrud
1931 - 1935 Dr. W. L. Valens
1938 - 1942 Dr. W. L. Valens
1942 - Dr. A. Ralph Schrag
1960 - Dr. L. Rubin
1963 - Dr. Bridge
1965 - Dr. J. L. Paterson
1966 - 1971 Dr. D. R. Cornish

Nursing
1941 - 1942 Emma Ratiff
1942 - Rachel H. Young
- 1950 Rose F. Meyer
1951 - present Rose Sinclair

Dental
1947 - Dr. W. H. Scott
1961 - Dr. V. W. Kennedy
Dr. D. L. Windsor
Dr. Lazaruk
1979 - present Dr. J. Pierce

Pharmacy
1949 - 1957 Benjamin Blawacky
1957 - 1965 Helen Blawacky
1965 - 1978 Victor Horan
1978 - present Joe Rohrer

Fire Chief
1950 - 1956 Harry Robinson
1956 - present Lorne Vandenberg

Transportation
1950 - 1956 Harry Ribonson
1957 - 1968 Lorne Vandenberg
1968 - present John Goeree

Recreation Therapy
1950 - 1971 Bob Wade
1971 - 1974 Shirley Cuthill
1974 - 1975 Jerry Spinach
1975 - present Vicki Ryan

School of Nursing
- 1960 M. J. Kyle
1960 - 1965 K. Barker
1965 - 1966 T. Davis
1966 - present Anna Laberge

Housekeeping
1956 - 1966 Chris Gibson
1966 - 1974 Irene Powell
1974 - present Nancy I. Gordon

Occupational Therapy
1961 - 1962 Patricia Payne
1962 - 1966 Margaret Taylor
1968 - 1969 Cathy Fuller
1969 - 1971 Angela Tuck
1971 - 1975 Liz Sliwa
1975 - present Marion Schmitke
(Male O.T. Charges since 1950 – George Cooper, Bill Smith, Garnet Loftus)

Social Services
1963 - 1967 Howard Clifford
1967 - 1969 Dr. Walter Hoffman
1970 - 1973 Bernard Vandemeer
1974 - present John Ramoutar

Psychology
Gene Brailsford
- 1965 Lou Facher
1966 - 1969 Ms. Ruth Elvey
1970 - present Dr. Kenneth L. Checkley

Versa Services
1967 - Rene Vanderveed
P. O'Neill
S. Bennet
Mrs. Yachsen
W. Kostlac
1976 - present Shirley Heidl

Personnel Directors
1968 - 1969 Lloyd deVore
1969 - 1974 Robin Robertson
1974 - 1975 Lewis Coulter
1975 - 1980 Michael Balaski
1980 - 1981 Gerry Atkinson
1982 - present Dexter Pennington

Volunteer Coordinators
1968 - 1973 Paul Nahirney
1975 - 1976 Dianne Moir
1976 - 1977 Anne Wylie
1978 - 1981 Glenda Wilkinson
1982 - present Penny Cowie

Admitting/Switchboard
1969 - 1978 Wanda Lebedkin
1978 - present Nora Hopwood

Executive Directors
1970 - 1973 A. D. Mitchell
1973 - 1974 N. L. Enders (Acting)
1975 - 1979 R. A. Wall
1979 - present Gordon McLeod

Medical Technology
1970 - 1973 George Hall
1973 - present Tom Feist

Clinical Records
1970 - 1971 Stella Holowach
1972 Betty Carrington
1973 - 1974 Ethel Smith
1975 - 1976 Cheryl Stephens
1976 - 1978 Karen Noga
1978 - present Kathy Peck

Clinical Services
Forensic
1971 - 1975 Dr. Brian Dorran
1975 - 1979 Dr. Geoffrey Hopkinson
1980 - present Dr. Roy Dry

Rehabilitation
1971 - 1973 Dr. John Hoskin
1976 - present Dr. Brian Bishop

Admission
1971 - 1977 vacant
1977 - present Dr. Pierre Flor-Henry

Psychogeriatric
1971 - 1973 Dr. Louis Te
1973 - present Dr. H. Frank MacInnis

School
1971 - 1974 Dr. John Dubeta
1974 - 1976 Don C. Munro
1974 - 1979 Carol B. Davies
1979 G. Severin
1979 - 1981 Gay L. G. Robinson
1981 - present Alvin Solinski

Library
1973 - present Margaret Pierre

Neuropsychology
1974 - present Dr. Lorne Yeudall

Psyiotherapy
- present Margaret Mooney

Pastoral Care
1976 - present Rev. David Archer

Audio-Visual
1980 - present Julie Patton

Public Communications
1981 - present Godfrey Huybregts

Executive Assistant
1982 - present Jan Dobson

Assistant Executive Director, Assessment and Treatment
1983 - present Carol Gray

BIBLIOGRAPHY

Annual Reports of the Alberta Departments of Agriculture, Education, Public Health (Health), and Public Works, 1917 to 1983, Provincial Archives of Alberta. Unless otherwise stated, all quoted information and statistical data is from this source.

Blair, Dr. W. R. N., *Mental Health in Alberta,* A Report on the Alberta Mental Health Study, 1968 - Volume I (1969) and Volume II (1973) - Queen's Printer, Edmonton, Alberta.

Canadian Medical Association Journals, University of Calgary Medical Sciences Library, Calgary, Alberta.

Cashman, Tony, *Heritage of Service,* The History of Nursing in Alberta, The Alberta Association of Registered Nurses, Edmonton, Alberta, 1966.

Hinsie, Leland E. and Robert J. Campbell, *Psychiatric Dictionary* (Fourth Edition), Oxford University Press, New York, 1970.

Holtz, Edith, "A Review and Critique of the Historical Development and Changing Patterns of the Care in the Treatment of the Mentally Ill in Canada" 1980.

Jamieson, Heber C., *Early Medicine in Alberta,* The First Seventy-Five Years, Canadian Medical Assoc., Alberta Division, 1947.

Tuke, D. Hack, *The Insane in the United States and Canada,* Arno Press, New York, 1973.